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## ORIGINAL DEPARTMENT.

### COMMUNICATIONS.

#### A CASE OF TRANSPOSITION OF THE HEART AND OTHER ORGANS, ACCOMPANIED WITH BRONCHIAL CATARRH.

BY THOS. S. SOZINSKEY, M. D., PH. D.

I have had under observation for several years a girl, Katie O'N——, aged  $9\frac{1}{2}$  years, who has been affected with more or less bronchial catarrh ever since birth, the cause of which appears to have been, directly or indirectly, the anomalous position of her heart and other parts. She has never suffered from any acute disease, save a mild attack of measles, and her lungs are sound structurally. In fact, there is no reason to doubt that the position of the heart is congenital. Her height is forty-four inches and her weight forty-two pounds. Her chest measures twenty-two and a half inches, and is symmetrical. In comparison with other children, she is considerably below the average in both height and weight (about five inches in the former and fifteen pounds in the latter), and a sister, who is over two years younger, is over an inch taller and about the same weight. She is seemingly as active and mentally as bright as most other girls of her age.

The apex-impulse of the heart is at the lower edge of the fifth rib and slightly to the left of the line of the nipple. Indeed, the organ is apparently perfectly transposed. The sounds, as well as the size of it, are normal, but there is a slight tendency to palpitation, the pulse being habitually from 90 to 100 per minute. This tendency may have something to do with the catarrh; still, it is impossible to say exactly why the latter exists.

The liver is on the left side. This is sufficiently evident from the area of dullness on percussion on that side and the state of resonance on the other. Whether the stomach and intestines, etc., are reversed in position, I cannot say definitely, but I believe they are. The spleen seems to be in its usual position.

The catarrh has never been very decided. Little has been done for it at any time. Whether it will ever disappear is a question which probably time alone can answer.

The girl is markedly left-handed. None of her people have been so. It would seem that left-handedness is common, if not the rule, in persons with transposed heart. In the case referred to later, reported by Dr. Augustus Wilson, there was left-handedness. Dwelling on this, the doctor, with too little regard for the opinions of the modern philosophers, contends that right-handedness is due solely to training. Hereditary tendency has doubtless something to do with it. What is said above gives some support to Hyrtl's theory, that it is due to circulatory conditions.

Speaking of congenital misplacements of the heart, in his work on pathological anatomy, Rokitsansky says: "Actual transposition may exist with reference to the heart alone, or concurrently with the thoracic and abdominal viscera generally." But little more information than this, on the subject, is to be found in the books.

In his treatise on the diseases of the heart and great vessels, Dr. Walshe says: "Except in very rare instances, when the heart has formed and grown on the wrong side of the spine, the abdominal viscera also have been transposed." This is given as the chief guide to the recognition of con-

genital, in contradistinction to acquired misplacement of the heart.

Although a statement in Dr. Flint's work on diseases of the heart might leave a contrary impression, cases of transposition of the heart and other viscera are rare. Dr. Stokes, in his work on diseases of the heart and aorta, expresses the idea that such cases are very rare. A report, by Dr. Wilson, of a *post mortem* examination of a case which was met with in one of the hospitals of this city, appeared in the issue of this journal for November 11. The first case noticed during life was one which came under the observation of M. Durand, 1666; and the first detailed examination of such a case, *post mortem*, was made by Dr. Allen Thompson, an account of which is given in the *Glasgow Medical Journal*, 1853.

In this connection I may give the following interesting letter which I have received, in reply to some inquiries, from the distinguished professor of Pathology and Practice of Medicine, in the College of Physicians and Surgeons of New York, Dr. Alonzo Clark:

"*Dear Doctor:* The cases in which the heart is found on the right side and the liver on the left are rare. In a long professional lifetime, and almost all of it in hospital, as well as consultational practice, I have known but two cases. One was in a very intimate professional friend, who lived to near 60 years of age, and died of the spinal disease known as locomotor ataxia. He was one of the most accomplished men of the age, and wrote a book that was universally regarded as standard and classic on the Fevers of the United States. He never had a sensation that suggested any heart or liver disease. I saw him almost to the last hours of his life. The other I saw for the first time at mature life, and had no opportunity of following him to the end. I do not know of any treatise on the subject, though it is occasionally referred to in the text-books. Yours, A. CLARK."

It may not be amiss to say that the physician to whom Dr. Clark refers was, doubtless, Dr. Elisha Bartlett, who was born in Rhode Island, October 6th, 1804, and died July 19th, 1855. He was a professor in various colleges, including the University of New York and the College of Physicians and Surgeons. In addition to "The History, Diagnosis and Treatment of the Fevers of the United States," the 4th edition of which was issued in 1856, under the editorship of Dr. Clark, he wrote an octavo of 312 pages in advocacy of empirical practice, entitled "An Essay on the Philosophy of Medical Science," a copy of which happens to be in my library, and a volume of poems.

Dr. Flint says of transposition of the heart and

other viscera: "This abnormality is not incompatible with health and long life." Dr. Clark would seem to share this opinion.

As to the cause or causes of congenital transposition of the heart and other organs, nothing definite can be said. There is no ground for believing that it is in the nature of a "reversion;" but it may be observed that in lower animals, and also in the human infant, the heart rests at or near the middle line of the chest. In answer to some inquiries in respect to this interesting point, I have received from Prof. Joseph Leidy, who, I need hardly say, knows whereof he speaks, the following instructive and decisive note:

"*Dear Doctor:* In answer to your note of December 6th, received last evening, in most mammals, (see Owen's Comp. Anat. III. 525) or animals of our class, the axis of the heart is parallel or nearly so with the median line of the body, and in birds, etc., is always so. The heart in no animal occupies either the right or left side, but in all occupies a mesial position, with the apex backward or diverted more or less to the left. The abnormal reversion of this position cannot be looked upon as a reversion to a natural position in other animals, because such does not exist.

"Respectfully, JOSEPH LEIDY."

"*Phila., Dec. 9th, 1882.*"

#### MEDICAL MISSIONS IN HEATHEN LANDS.

BY M. P. BARKER M. D.,  
Of New Castle, Pa.

One might reasonably suppose that an attempt to overthrow the false systems which prevail so universally in all heathen lands—comprising a very large proportion of the race—would be preposterous. But, notwithstanding the magnitude of the enterprise, it has been undertaken and great results have already been achieved.

In the accomplishment of these results, the medical profession has performed a very great and important work, the labors and achievements of which are worthy of record in the history of the world's progress. In giving a brief account of

#### MEDICAL WORKERS AND WORK,

I shall confine myself principally to India and China; they being the great fields of philanthropic effort, and typical to a very great extent of other lands.

The first attempt to qualify and send medical missionaries to heathen lands, that we have any record of, was made by

GENERAL CODRINGTON, of the British army. In 1701 he bequeathed property in the West Indies, from which there

was an annual income of ten thousand dollars, to the "Society for the Propagation of the Gospel in Foreign Parts." This income was to be used to establish and maintain on his plantation a school, the purpose of which was set forth as follows: "The professors and students were required to study and practice physic and chirurgery as well as divinity; that by the apparent usefulness of the former to all mankind, they may both endear themselves to the people, and have the better opportunity of doing good to men's souls, whilst they are taking care of their bodies."

This bequest did not accomplish all that was expected from it; but as a conception of the best method of conducting the missionary enterprise, it deserves honorable mention, and a place in the history of medical missions.

DR. JOHN THOMAS,

an English surgeon, spent from 1787 to 1792 in Calcutta, in endeavoring to improve the condition of the Hindoos. He then made a visit to England, returning in 1793, taking the devoted Carey with him. The history of his labors and success is meagre, but it was said of him that, "he had exquisite pleasure in doing good, and that multitudes of the poor Hindoos received the benefit of his skill."

In 1821, the Baptist Association of this country sent

REV. JONATHAN PRICE, M. D.,

to Burmah. He settled in Rangoon, where he immediately commenced work. There was nothing remarkable in his career, with the exception that he had been but a few months in Rangoon, when the King, having heard of his success in the treatment of disease, especially of ophthalmia, "ordered that he should visit the Capital." So he set out at once for Ava, taking Mr. Judson with him as interpreter. They reached Ava September 27th, and were immediately introduced to the King. Mr. Judson, in giving an account of their reception, said: "The King received Bro. Price very graciously, and made many inquiries about his medical skill, but took no notice of me except as an interpreter." After this they had interviews with the King nearly every day, and also with the various court officials, who asked many questions about astronomy, religion, etc. The result of these interviews with the King was that he requested them to remain in Ava, and gave them ground to build houses on.

Not long after this, war having broken out between England and Burmah, they were imprisoned, suffering extremely for months, but were at length released and sent for daily to the palace for con-

sultation, nothing being done without their approbation. They were also sent as ambassadors, in company with some English and native officials, and finally succeeded in arranging terms of peace.

Rev. Judson left soon after peace was declared, but Dr. Price settled in Ava, built a house, and there spent the remainder of his days.

On the 27th of May, 1830, after a perilous journey of eight months, in which there were two shipwrecks, the

REV. ALEXANDER DUFF

arrived in Calcutta, being the first Scotch missionary to India. His educational policy, which consisted in the establishment of a college in Calcutta, in which the English language as well as the native dialects were taught, has accomplished more than his most ardent supporters had anticipated, and the results have proven his wise foresight, that it would be the means of overthrowing caste.

This is not the place to record his successful educational career, excepting in so far as it related to his efforts for the abolition of the Native Medical College, and the establishment of a new one under European physicians, and also in the overthrowing of the Bhoido, or physician caste. He was not a physician, but the history of the advancement of medical science in India, during the last half century, would not be complete without recording his efforts in its behalf.

In 1822, the government being anxious to secure

NATIVE SURGEONS FOR THE ARMY,

established a medical college, under an English doctor and native assistants, in Calcutta. Medical classes were formed at the Sanscrit college, to read Charaka and Susruta, and at the Madrasse to study Aricenna and the other Arabic writers.

Doctor Tytler was the head of the institution, and was said to be a most fanatical Orientalist. The only anatomical instruction he dared to give, however, was from models taken from the lower animals and an occasional *post mortem* examination. He declared that this prejudice against dissecting a human body could not be overcome. Duff protested against what he called Dr. Tytler's "folly." "Only use English as the medium," he declared, "and you will break the backbone of caste, you will open up the way for teaching anatomy and all other branches fearlessly; for the enlightened native mind will take its own course, in spite of all the threats of Brahmanical traditionalists."

In 1833, Lord William Bentinck, in view of the deplorable condition of medical education, appointed a committee to investigate and report on this whole subject. This committee was composed

of Surgeon J. Grant, the Apothecary-General; Assistant Surgeons Bramley and Spens, Baboo Ram, Komul Sen, T. C. C. Sutherland, the Secretary to the Committee of Public Instructions, and Sir C. Trevelyan.

This committee, after deliberating for twelve months, and exceedingly anxious to raise a class of native practitioners, being unable to come to a solution of this question, called upon Mr. Duff. A most animated discussion took place between him and the Superintendent of the Native Medical Institution. It was little wonder that the "fanatical Orientalist," pleaded for the system of the Bhoido caste. Did not their savans possess all knowledge? Were not their Vedas infallible? Had they not been more than the peers of other nations in philology, and in philosophy? Had they not given to the West the knowledge of numbers, even down to the numerals? He could point to the discovery of a remedy for snake-bite—to the fact that they had taught Europeans the operation of rhinoplasty—that their common Bhoidos had performed the operation of lithotomy, and that European princes had sent to them for oculists to remove cataracts—and also that their Vedic Hindoos were the teachers of Pythagoras, Plato, Aristotle, and Hippocrates. No wonder that he predicted failure if Duff's suggestions should be received and put into practice. But, on the other hand, he was confronted with the fact that their native college was a failure, and that their medical knowledge had retrograded rather than advanced, and that it was in a most deplorable condition, and that to attempt some other system could not possibly make it worse.

Duff gave them the privilege of examining the senior class in his college, which had been under his care for nearly four years. This examination was made without the class having received any intimation that it was coming. Taking them into a private room, the examination was conducted by the Apothecary-General, as follows:

He asked, "You have got many sacred books, have you not?" "O yes," was the reply; "we have many Shastas, believed to be of divine authority. Some are very old, and others have been written by Rishis (holy sages) inspired by the gods." "Have you not also Medical Shastas, which profess to teach everything connected with the healing art?" "O yes," they said, "but these are in the keeping of the Bhoido, or physician caste; none of us belong to that caste, so that we do not know much about them." "Do you doctors learn or practise what we call anatomy, or the examination of the human body with a view to ascertain its real structure, in order skillfully to

treat wounds, bruises, fractures, etc?" "We have heard them say that anatomy is taught in the Shastas, but it cannot be like your anatomy," "Why not?" "Because respectable Hindoos are forbidden by imperative rules of caste to touch a dead body for any purpose whatever; so that from the examination of the dead body, our doctors can learn nothing about the real structure of the human body."

"Whence then have you got the anatomy which, you say is, in the Shastas?" "They have got it out of their own brains, though the belief is that this strange Shasta anatomy must be true or correct, it being revealed by the gods; but we now look on this as nonsense." "What, then," said the Commissioner, "if the Government should propose to establish a medical college for Hindoos under European doctors, like the medical colleges of Europe; would you approve or disapprove of such a measure, or how would it be viewed by the natives generally?" "We, certainly, who have been taught European knowledge through the medium of English, would cordially approve; but our ignorant orthodox countrymen would as certainly disapprove." "Well then, were a college of this kind established, would any of you be disposed to attend it; or would there be insuperable objections in your minds against your doing so?" "Not at all," they said; "if we were not already otherwise committed to some course of life which would prevent us, we should be very glad to attend." "What," said the commissioner, "would you actually be prepared to touch a dead body for the study of anatomy?" "Most certainly," said the head youth of the class, who was a Brahman; "I, for one, would have no scruples in the matter. It is all prejudice, old stupid prejudice of caste, of which I at least have got rid." The balance of the class acknowledged these as their sentiments also.

The committee were highly pleased with this examination, and the result after much controversy was that in an order dated 28th January, 1835, the old college was abolished and a new one created, under the Committee of Education, "for the instruction of a certain number of youths in the various branches of medical science."

This college was open to all who could read and write the English language in addition to their own. The college was opened June 1, 1835, under European professors whose names were as follows: Dr. Bramley, the first principal, who died soon after; Dr. Henry Goodeve; Dr. Wallich, the Danish botanist; Dr. O'Shaughnessy, the Irish professor of chemistry, and two others whose names are not given. David Hare was secretary.

Duff's enthusiasm was not greater than the grand results under the management of this committee, who aimed to have an institution, "ample, comprehensive, and worthy of a great government; not intended merely to supply the wants of the State, but of the people, and to become a moral engine of great utility and power."

The time came after the first six months of study for the first dissection. Great interest was manifested as to how Duff's students would acquit themselves. But Modosoodun Yoopta, of the Bhoido, or physician caste, was the first to wield the knife, and cut not only the dead body which lay before him, but the fetters of caste and superstition that had bound them from the time Susruta wrote his anatomical dissertation, nearly three thousand years before. Rajendranath Mitter followed, and one after another of the class, until they were all engaged.

The historian states that the number of subjects supplied for the dissecting tables in 1837 was sixty, and that in 1844 they had arisen to above five hundred, and he adds, "and now must be five times greater." Duff's students took the highest honors in the medical faculty in the University of Calcutta, and one of them is a professor in the medical college. In other places medical colleges soon sprang up, at Bombay, Madras, Lahore and Agra, and what that single sentence of Duff's, "only use English as the medium, and you will break the backbone of caste," has accomplished for suffering humanity, if it could be recorded, would form a grand chapter in the history of the world's progress.

The Arcot mission was established in 1855 by the three

#### BROTHERS SCUDDER,

who were not only preachers, but physicians. They not only established a large number of schools in the district in which they labored, but in 1866 they established a medical hospital. Ex-Secretary Seward, when on his trip around the world, in 1870, visited this mission. He reported that the year prior to his visit, "fifty-three thousand nine hundred and sixty-three patients had been treated from its dispensary, and that "seven hundred and fifty-three of these were indoor patients, who were provided with beds, food, and clothing." He awards to these gentlemen the highest meed of praise for their self-denying labor, and adds, "That beyond a doubt, the success of this mission is due to the persevering energy and winning address of these preachers; but it was more to their happy combination of medical practice with their religious teachings."

India, through the protection and assistance of

the government, is becoming rapidly permeated with medical knowledge derived from western nations. The Zenana caste, however, remains unbroken; but Christian philanthropy can solve this question also—how, in what manner, and by whom, will be reserved for another article.

#### A CASE OF DISLOCATION OF THE WRIST.

BY JOSEPH B. POTSDAMER, M. D.,

Resident Physician of the Jewish Hospital, Philadelphia, Penna.

After reading the various authorities, one would almost come to the conclusion that dislocations of the wrist were exceedingly rare or even impossible. The great objection raised to the diagnosis of this affection, is that fractures at the wrist are mistaken for dislocations.

As so few well authenticated cases of this form of dislocation have been placed upon record, I have been led to publish the notes of the following one:

James Carraugh, aged eleven, a native of Ireland, was brought to the Jewish Hospital on July 7, 1882, at 1:45 p. m., a half hour after the accident. The history was as follows: After dinner, he climbed a tree, and whilst sitting on a limb it broke, precipitating him a distance of about twenty feet. Recovering from the momentary shock, he found his left wrist painful and swollen, and was unable to move his hand.

Upon examination, I found the above conditions existing. What he considered swelling was really a deformity caused by the carpal bones being pushed backward and upon the bones of the forearm. The deformity was uniform throughout, not greater on any one side. It resembled the case of dislocation of the wrist depicted in "Agnew's Principles and Practice of Surgery," Vol. II., page 19, Fig. 958, excepting that the deformity was more marked.

I placed the patient under ether. Then grasping his hand with my left, and his fore-arm with my right hand, and my thumbs over the joint, I at once reduced the dislocation by extension, counter-extension, and pressure over the joint. He had lead-water and laudanum applied to the part for the two succeeding days. No bandage or splint was used until the seventh day, when, after having consulted various authorities on the subject, I concluded it might be best to apply a splint. After two days, there being no pain, swelling, or the slightest deformity about the joint, I removed the splint.

Bearing in mind that a fracture might manifest itself later, the patient was kept under observation until the 28th of the month, three weeks



after the accident. After his discharge, I had him come to visit me every day for the three succeeding weeks. In all this time, no symptom of a fracture could be detected, and there was always perfect motion in the joint. I saw the boy as late as the 11th of November, and his left wrist is as perfect as his right.

I am positive this was a case of simple backward dislocation of the wrist.

#### METHODS OF OVERCOMING RIGIDITY OF THE OS UTERI.—HOW NOT TO USE ERGOT.

BY BOARDMAN REED, M. D.,

of Atlantic City, N. J.

President of the Atlantic County Medical Society; Physician to the Seaside House for Invalid Women.

Doubtless a great deal of mischief sometimes results from "meddlesome midwifery," and nature alone is in many cases better to be trusted than any disturbing efforts of the accoucheur. Yet nature often fails entirely when a little timely and skillful assistance ensures a safe delivery. In my experience the most common cause of tedious labor is a rigid *os uteri*, and according to the same experience no obstacle is usually so easily overcome by a judicious interference.

In the earlier years of my practice I once gave ergot in a case of abortion at the fifth month, when labor was being retarded by this cause. I had been well instructed, and, therefore, knew that ergot was wholly unsuitable whenever such an obstacle to speedy delivery existed, but mistook the real condition, from a lack of the *tactus eruditus*. The ergot brought on pains of tremendous force, and, as is to be expected from its physiological action, contracted the circular muscular fibres in the *os* more than those in the fundus, so that the hard, thin, unyielding rim which the finger encountered was unmistakable for one of even very moderate experience. I tried applying extract of belladonna to the *os* locally, and might as well have rubbed on lard for all the good resulting. Then hot water, that modern cure-all, was faithfully injected into the vagina, but without any decided effect. My patient was screaming from the intensity of pains which were literally doing no good, but much harm, by the constant impact of the hard head against the scarcely more yielding fibres of the *os*. The great value of the various narcotics in such emergencies had not then been impressed upon me by the lessons of experience; but the situation was becoming desperate, and something had to be done. The relaxing power of the warm bath occurred to me and I ordered a tub of hot water to be brought in. The patient was then taken out of bed, and made to sit in this tub, thus receiving a hot hip

bath. In fifteen minutes, or even less, after she got out of the tub, the *os* had freely dilated, and almost immediately thereafter the fetus was born.

I have never had to repeat this experiment with the hot bath, for since then I have never given ergot, if at all, until after the *os* had fully dilated, and have learned that by administering chloral and opium, by the mouth, or preferably, morphia and atropia hypodermically, the most refractory *os* can be speedily relaxed. A sleep of half an hour or an hour, however procured, rarely fails to accomplish the desired result. But very often when the intention has been to procure such a nap for its dilating power, the effect of the narcotic has been to soften the *os* at once, and thus to render the pains more efficient, without any sleep ensuing, so that the patient and her friends would charge me with having administered "forcing medicine," instead of an anodyne.

In some cases very good results have been produced by having the patient sit over a conimode filled with hot water, the steam acting as a relaxing agent. This is sometimes highly useful when labor is delayed by a rigid *os*, and besides has an excellent moral effect upon the fussy friends, who are never contented unless something is constantly being done.

Scores of cases could be reported if necessary, where the above-mentioned measures have proved promptly efficacious, in some instances after the woman had been having severe pains for from twelve to twenty hours previously without making any progress; but it seems useless to narrate them in detail.

There appears however to be reason enough for calling attention very strongly to the fact that ergot is above all drugs dangerous when there is rigidity of the *os uteri* during parturition, and that chloral, morphia and atropia (the last two hypodermically by preference) are the most valuable relaxing agents in such a condition. I notice in the *Reporter* of December 16th, p. 697, the report of a "Death During Parturition," which has suggested to me the importance of discussing this subject. The attendant in that case not only gave ergot and apparently "pushed" it in a case of rigid *os*, but attempted to perform version under the same unfavorable condition, and that too for no better reason than that he "found the left hand by the side of vertex engaging the small unyielding *os*." Those were, of course, errors of judgment which, happening under such exciting and embarrassing circumstances, do not call for harsh criticism. But they show at least that the profession has not yet all learned how rightly to use that two-edged sword—ergot.

## HOSPITAL REPORTS.

STATE HOSPITAL, PRAGUE.

BY PROF. A. PRIBRAM,

Professor of Practice of Medicine, University of Prague.

Translated by LOUIS SCHWARZ, M. D., for the MEDICAL AND SURGICAL REPORTER.

## Diabetes Mellitus.

NOVEMBER, 1882.

GENTLEMEN: If you approach the bed of this very ill man, D. A., age 63, butcher by trade, the first thing that will attract your attention is a peculiar odor, slightly resembling chloroform, which comes from the patient's breath. The urine has the same odor, and if we test it with Sol. Ferri Chlor., without heat, we obtain a beautiful brownish red color, due to a substance called *acetessig-äther* or acetate of acetic ether, also aethyldiacetate or diacetic acid ethyl, whose formula is  $\text{CH}_3\cdot\text{CO}\cdot\text{CH}_2\cdot\text{CO}\cdot\text{O}\cdot\text{C}_2\cdot\text{H}_5$ , or  $\text{C}_6\text{H}_{10}\text{O}_3$ , which often occurs in diabetic urine, but is often found in urine where sugar does not exist. This substance is generally found in connection with an increased amount of acetone; this has been proved by my assistant Dr. Jahksch. Care must be taken not to confound this substance, acetic ether, with salicylic acid, because salicylic acid gives a similar color with Sol. Ferri Chlor., as do also other aromatics. This can be proven by applying heat; if you take a quantity of urine which you suppose contains acetic ether, and heat it, and then add Sol. Ferri Chlor., you will not obtain any red color, or very little, as the acetic ether is driven off by the heat; but if you apply the same test to urine containing salicylic acid, the color remains, as heat does not drive off salicylic acid. Another method is by extracting the acetic ether with pure ether, and allowing it to remain for a few days, when the red color disappears; whereas with salicylic acid it remains. The urine of this patient is scanty, and contains between four and five per cent. of sugar, sp. grav. 10.30, slight trace of albumen, no renal casts. The patient is comatose, not being able to reply rationally when spoken to, only murmuring a few words and then sinking into a sleep. Respiration slow, deep, stertorous. He was transferred to us from the surgical clinic, where he entered in consequence of gangrene of the foot. The only information received from him was that after a long walk he noticed a slight excoriation on one of his toes, which was caused by a tight boot; it then developed into an ulcer and afterwards became gangrenous. This is then a case of diabetes mellitus with gangrene of the right lower extremity. We also find sugar in the urine of patients suffering from carbonic acid and strychnia poisoning, sciatica, and in mothers who nurse children from the breast; these are only symptoms, and not diabetes mellitus. The cause of the gangrene may come from weakened heart action, as in severe cases of typhoid fever and other exhausting diseases; this is not the case here, as we can feel a strong pulse in the radial and femoral arteries, also a normal sound is heard in the femoral artery; it could also be due to an embolus of one of the lower branches of the femoral, or a local extravasation due to atheromatous disease, and in consequence the gangrene; this is not the case here,

as is proved by the extent of the gangrene, which is not limited to a part supplied by a certain artery, but is irregularly diffused over several toes, the dorsum pedis, both malleoli, and with abscesses. Often we see in diabetic patients gangrene developing from slight injuries; this liability to gangrene may be accounted for by grape-sugar and its products in the tissue. My personal idea is that a tissue containing sugar affords better conditions for the propagation of septic germs; indeed, if we place such a patient with gangrene on a diabetic diet, we sometimes find the gangrenous process abating, a line of demarcation forming with the sugar disappearing in the urine. I observed this in a medical gentleman some years ago, the gangrene abating when the sugar disappeared in the urine; the gangrenous parts were amputated with good results, and he lived for more than a year, and finally died of the disease. This patient cannot be placed on a diabetic diet, as he is already comatose; if we withhold from such patients all carbo-hydrogenous substances they continue to pass large quantities of sugar, which is produced by the decomposition of the albumen of their own bodily tissues. Prof. Ebstein, of Göttingen, has proved that with sudden introduction of a diabetic diet, the above described acetic ether can occur in the urine, and coma may follow. The best plan of treatment in this case will be a full, nourishing diet, as beef-tea, red wine, solution of pancreatic beef, small quantities of arrow-root, fresh air, large quantities of water to promote renal secretion and drain off foreign matter. The prognosis is bad, as the patient has diabetic coma and will die shortly.

The narcotic producing this coma is known (acetic ether), yet we have no agent to prevent its deadly action; the discovery of the substance was the first step towards elucidation, and we hope before long to obtain means of annihilating its effects and prevent its production. There are as many causes for this disease as there are authors who have written on it, some without anatomical lesions, others from brain tumors especially of the fourth ventricle, alterations of the solar plexus, liver and pancreas. As yet we have no signs for an anatomical lesion in this case. Patient died in two days, post mortem revealed an extensive atrophy of the pancreas. A great quantity of pus is to be seen on the tongue of this patient, due to a peristatic abscess of the upper maxilla. Caries of the teeth and alterations of the gums and maxilla are often found in this disease; they may be considered symptoms of diabetes mellitus; when they are present it is necessary to examine the urine—this may aid to a correct diagnosis. You can also see an eczema of the glans penis and prepuce of parietic origin, as has been proven by a microscopic examination; this is due to the diabetic urine passing over these parts; this eczema often may lead to the discovery of the disease.

Case H. J. S. age 45, type setter. About a year ago patient noticed himself having great thirst and drank water freely; had to pass urine quite often; found himself becoming weak and unfit for work, but no other symptoms. Patient now passes twelve pints of urine in twenty-four hours, containing six per cent. of sugar; slightly emaciated, with dental caries and abscesses of the gums; with these exceptions no other pathological symp-

toms are to be observed. Patient has been placed on a mixed diet for the purpose of testing several remedies; by restricting his diet the sugar does not diminish. This is known in the literature as a grave case. I have used salicylic acid without success; I then used iodoform, which has recently come to us from Italy. The iodoform is placed in a bottle with tonca beans, and in this way the disagreeable odor is prevented; it is then given in pill form 10 cm. or 2 grs. four times daily. This patient has received the iodoform for the last two weeks, the remedy is well borne by the stomach; the decrease in sugar has not been great, only from 250 grms. to 196, a decrease of 54 grms. or nearly two ounces; the weight of the body has increased two pounds. I cannot recommend this remedy yet, though it is worth a trial.

Finding the iodoform of no great value, it was discontinued and morphia in .005 or 1-10 grs. dose, in the evening substituted for it, and the mixed diet was continued. The result was more favorable, the quantity of urine decreased to six pints daily, and a diminution of sugar to 165 grms. instead of 250; the percentage of sugar decreased to 4½ p. c., the body weight gained three pounds. This remedy was discontinued and potass. brom. in 15 gr. doses three times daily substituted; this was used for seven days without any result, and the morphia was again used. The best results were obtained from the morphia and iodoform. The remedy employed most is the Carlsbad cure; in light cases we see great benefit from this mode of treatment, the sugar sometimes disappearing during the treatment and remaining absent for a number of years; in other cases, the severe ones, we find no effect and the patient loses a great amount of flesh. The Carlsbad method is more effective at the original spring than by drinking the bottled water; this may be due to a compulsory strictly diabetic diet, and secondly to the muscular exercise in the long walks the patients are required to make at the springs between the intervals of drinking the water. I believe that in light cases of this disease long walks and gymnastics, as with dumb-bells etc., will be beneficial, as we know the muscular tissue contains glycogen, and if we as it were burn this substance by exercise and gymnastics, we prevent it being absorbed and converted into sugar. As I think the cure depends mostly on the diet, I will make a few remarks in regard to it. Diabetic patients have great hunger, due to the periphery of the vagus nerve being irritated by the sugar. Therefore you must not place your patient on a restricted diet, but rather on a full diet. All sugar and starchy articles must be avoided; such articles may be given, as beef-tea, sol. pancreatic beef, eggs, fish, cheese, oysters, some vegetables, red wine, Burgundy, sherry, small amount of bread, but what is better Graham's bread, and tea from a species of chamomile; tea or coffee sweetened with manna-sugar; the only objection to mannite is its cost. If the great amount of urine passed is due to an irritation of the kidney from the sugar, this may be relieved by a narcotic at bed-time. Other remedies are used, as carbolic, salicylic, lactic acids, arsenic, ergot; but these remedies as well as iodoform must not be given to anemic patients; and if they do not agree with the stomach they must be immediately abandoned.

If Carlsbad water or other alkaline waters are

not to be obtained, you may give the plain salts, as carbonate, sulphate, nitrate, chloride of potassium or sodium in 3 ss. doses four times daily.

#### BELLEVUE MEDICAL COLLEGE, NEW YORK.

CLINIC OF DR. LEWIS A. SAYRE.

##### Talipes Equino-Valgus and Equino-Varus.

W. E., aged 3 years. This little fellow was brought here last winter to the clinic, and was at that time suffering from talipes, the feet being crossed upon each other, never having been able to stand; the child was also suffering from congenital phymosis, the prepuce being closely adherent; I then decided to preform the operation for phymosis only, and note the result, if any, upon the deformity. You now observe that the feet are apart, but the equinus is strongly marked, and that the toes only touch the floor, and now you observe that the right foot is equino-valgus and the left equino-varus; the contraction of the gastrocnemii muscles in this case is so strong that the tibia is actually bowed forward; now, by flexing the knee, we can lengthen these muscles, and the feet can then be brought almost to a right angle with the tibia; but upon point pressure being made upon the tendo achillis when placed upon the stretcher, you observe that a spasm is instantly produced.

Now, upon extending the leg, we instantly notice the deformity of the foot again, and with the leg in this position no amount of force can flex the foot.

The spasm which you have observed plainly indicates that these tissues have undergone structural change, and cannot, under any circumstances, be stretched any further, and that the muscles have become what I term contracted.

A contracted tendon is one which is shortened but is capable of being elongated by constant traction upon it; but when you have stretched it to its utmost and yet cannot secure the normal length of the muscle, if upon pressure being made upon it while held in that position a spasm of the muscle be secured, you may be sure it has undergone the change of structural shortening, that the fibrillæ of the tissues have become adherent to each other, and therefore further extension is impossible; then you will require to use the tenotome. This is very important for you to understand. If I could gradually bring the foot around to the normal position and it gave no reflex spasm, I should not think of section. I now as you observe take a piece of light board, cutting it the width of the foot and allowing it to extend a little beyond the toes; I then take a long strip of adhesive plaster, which passes around the back part of the board; we then take a broad strip passing it from the anterior end along the under surface, bringing it over the upper surface to the point started from, placing under this a padding of cotton; two lateral straps are then formed, and the whole secured with a roller; your foot piece is then ready for application.

In this case the plantar fascia does not need section, there is no reflex spasm given at that point; both tendo achillis will require cutting. I now take this tenotome, which you will observe is curved and round-pointed, and making a slight



puncture pass the blade in a flat position under the tendon and fascia, then turning the edge upon the tendon with a short sawing motion, at the same time pressing the tissues down upon the blade, the tendon is completely severed, as can be heard with a distinct snap: I then instantly turn the instrument upon its flat surface and withdraw it, at same time placing my thumb upon the wound to prevent the entrance of air, and we now closely seal the wound with a strip of adhesive plaster. The foot is now brought at once to the normal position, which you observe can now be readily done with the leg in the extended position: the foot board is now applied, bringing the posterior strap across the instep, and the lateral straps across the foot directly; we now secure this firmly with a roller bandage, and then pass the broad anterior strap from the toes up the leg, which retains the foot at a right angle; we continue the roller up the leg, and in this case, as the child is small, will pass it up to the thigh, in order to secure greater security of our dressing. The right foot being slightly everted, a guy is now placed upon the inner part of the foot and passed up the leg, and in this manner secured in the normal position. The left foot was operated upon in precisely the same manner, but the foot in this case being slightly inverted, the guy was placed upon the outer portion of the foot, upon the same principle as previously mentioned. This dressing will not be disturbed for ten or twelve days; you will, however, observe that the toes are left exposed in order that you may ascertain if circulation has been interrupted: if you at any time observe the circulation has been arrested, remove your bandage at once, and reapply it in such a manner as to admit of free circulation.

I wish to thoroughly impress upon you the necessity of attending to all details, as I have found in several cases that my treatment has not been carried out successfully, simply because these details have been neglected.

[Condition of the patient as brought before the class two weeks after the operation.]

In this case there was no functional disturbance following the operation; and by this time union should have taken place between the severed ends of these muscles [dressing was now removed]. You will here observe that the wounds are completely healed and by irritation of the muscles slight extension of the foot can be secured, showing that the union has been perfect: friction and electricity must now be applied to the parts, in order to secure vitality to the same.

You have now seen the operation for the relief of club-foot in all of its different varieties, the principle being simple division of the contracted tendons, after which the foot is to be at once placed in its normal position and there secured; the after treatment consisting in what I have but recently stated.

Many authors of the present day are adopting the plan of treatment which I advise; previously they have been in the habit of securing the limb in the deformed position after the operation; when the wound has become perfectly healed, gradual traction is made upon the new material thrown out from the severed ends of the tendons, in order to restore the foot to its normal position. But the pain induced by that method was so intense that

it had to be interrupted, sloughing in many instances resulting from this treatment and calling for the constant attention on the part of the surgeon; the results being also exceedingly unsatisfactory: whereas, by bringing the foot into the normal position immediately after the operation, the exudate is sufficient to fill up the space between the severed tendon, and air being excluded organization takes place; should you allow any air to pass into the wound suppuration may occur.

You have seen me perform the most simple method of treatment in this case, and are now capable of forming an opinion upon the subject; the main point, however, is that while securing the foot in the normal position, you do not obstruct the circulation.

In some cases it is necessary to cut the integument itself; in some instances I have made a clean section of the plantar fascia and integument when it also has become contracted; this however is very rare. The simple division of the tendons and restoring the foot to the normal position, does not however end the treatment; an important part is for you to vitalize the partially paralyzed muscles, and until you have effected this you have not cured club-foot. To all appearances this child is cured of club-foot, but he has not yet the power to move the foot as it should be moved; and it may require some few months' persistent treatment in order to thoroughly revitalize these muscles. In some cases it is necessary to use artificial aid to assist these muscles; in such cases I advise the shoe devised by Mr. Hudson, to which are attached small rubber bands, so arranged as to guide the foot in the desired position according to the deformity to be cured. These slight aids are of the greatest importance to you in restoring the parts to their normal position, and if you neglect to use this while the child is recovering, a relapse may occur and you may do yourself an injury by performing the operation, whereas had you carefully followed up the indications your treatment would have proved most successful; if you are deprived of the services of the instrument maker, we have an excellent substitute for the Hudson shoe in Mr. Barnell's dressing. A slight guide even when the child is going barefoot will often accomplish the desired result. If the foot can only be brought out, the weight of the body itself will often overcome the action of the peroneal muscles. It is however to be remembered that in the application of these artificial muscles, they must not be applied so strongly as to prevent the patient from putting the foot in the deformed position if he desires to do so. The application of these artificial muscles is equally applicable to deformities of other parts of the body.

## MEDICAL SOCIETIES.

NORTHERN MEDICAL ASSOCIATION OF PHILADELPHIA, NOVEMBER 24, 1882.

### Placenta Prævia.

Dr. Daniel Longaker narrated the following: Mrs. X. presented the early signs of pregnancy as instanced especially by cessation of the catamenia. At the fourth month, however, she was surprised at a return of the menses, which occurred from

that time until labor with irregularity. When labor began, hemorrhage occurred, and became more profuse with the accession of the pains. Several large clots were voided, and the dilatation seemed incapable of being effected. Investigation revealed the placenta prævia. The extent of hemorrhage and consequent condition of the patient rendered prompt relief a necessity, especially as the fetal heart sounds still were present, and a possibility of delivering a living child probable. An ineffectual attempt to use the forceps was made and was followed by version. When the breech was partially delivered, prolapse of the funis occurred. The compression of the cord resulted in obstruction to the circulation and death of child. The after-coming head occasioned considerable difficulty, and would not engage. This was due to extension, which was subsequently demonstrated to depend upon the fact that the child had been delivered through the centre of the placenta, which latter mechanically interfered with the proper movements of the head incident to engagement. This complication was successfully met by applying the forceps to the after-coming head. Considerable collapse occurred, but reaction was eventually established. The collapse was due to the manipulation in part and largely to the hemorrhage, which during delivery was augmented. In reply to a question, Dr. L. stated that considerable difficulty was experienced in adjusting the forceps to the head.

Dr. E. R. Stone related the history of a case of partial placenta prævia, in which in due time the placenta separated and the hemorrhage ceased. The presenting head engaged, and delivery was effected without any untoward symptom. In another case of partial placenta prævia he detached the circumference (lesser) of the placenta, and applied the forceps to the head with the result of delivering a living child. In a case of total placenta prævia, the prominent symptom of hemorrhage occurred in the beginning of labor. As the os was not dilated and the loss of blood great, a tampon was employed. After the vagina was thoroughly packed and retained by a T-bandage, the patient was carefully watched. In about three hours intense bearing down efforts developed, resulting in extrusion of the tampon. No hemorrhage followed removal of tampon, and the fetus, which was small (seven months), was found to occupy the vagina. The placenta had preceded the fetus, which was contained within the unruptured membrane. Recovery was excellent. This case serves as an argument in favor of the use of the tampon. If the membranes have not been ruptured, it is not very probable that the dreaded internal or concealed hemorrhage will occur. When version is resorted to, the profession appear to entertain too great a dread of making strong traction on the body to deliver the after-coming head. Much more force can be applied to the body than is generally admitted without danger of producing luxation of the vertebra.

Dr. Robt. Hies had seen but one case of placenta prævia, and it was of the partial type. No hemorrhage had occurred throughout gestation, a point frequently noticed in the partial placenta prævia, and one of diagnostic importance. The treatment here instituted was separation of placenta at its lesser attachments, application of forceps, and delivery. The result was favorable to

mother and child. In complete prævia the tampon is certainly demanded, for it effectually closes the gaping and torn placental sinuses from the distal surface, while the presenting portion of the child exerts a counter-pressure on the proxima, whereby the hemorrhage is reduced to the minimum. The doctor also urged upon the society the importance of prolonged and persistent efforts at resuscitation of apparently asphyxiated children. In his case, after assiduous effort for half an hour, he was rewarded by the establishment of respiration and life. Many of the adjudged cases of still-birth may by perseverance be restored and life secured.

#### Meeting of December 8, 1882.

Dr. J. Solis Cohen reviewed the recent method of treatment employed by the Germans in acute articular rheumatism. The statistics made such a favorable impression that he determined to employ the means when opportunity presented. At the German Hospital a man was admitted to the ward suffering with a frank attack of acute articular rheumatism. The joints were swollen, red, hot, and exquisitely painful, temperature hyperpyrexial, endocardial murmur present. According to the method referred to, a fly-blister 4x4 inches was applied over the cardiac region. No other treatment was instituted. In the course of twenty-four hours marked relief followed. Convalescence rapidly supervened, and in four days no evidences of the attack remained. In three other cases the same brilliant results followed.

Dr. J. T. Eskridge has employed the blister in one instance with the above result. He also referred to the use of essential oil of Gaultheria, which is said to contain as its active principle salicylate of sodium, or a something that acts identically with it.

Dr. H. Rühl has employed the blister and obtained very beneficial results.

Dr. Cohen mentioned the fact that in the typhoid fever wards of the German Hospital an unusually large number of instances of septicaemia have occurred during the course of the fever. It manifests itself in the formation of numerous small abscesses. One case of unusual interest is that in which an abscess developed over the sternum. After its evacuation, the introduction of the probe revealed the fact that the periosteum had been destroyed, and that caries sterni had developed. The caries progressed until a portion of the bone was separated and the mediastinum opened. Respiration occasioned a bulging outward of tissue through the perforation. This opening was artificially closed and cleansed once daily with disinfected washes, and the pus thoroughly removed. The purulent secretion diminished in course of time, and patient recovered.

Dr. J. T. Eskridge related an account of an Irish woman who had been struck on the sternum by her husband. Some time after she was attacked with typhoid fever. During convalescence an abscess, episternal, developed, and the patient died. Autopsy revealed an eroded periosteum and caries sterni. The destruction of the sternum in Dr. Cohen's case was so extensive that the pulsation of the right auricle was clearly seen, and the small loose piece of bone situated over the heart protruded by each expansion.

Dr. E. W. Holmes reported a case of puerperal eclampsia, interesting on account of the late hour at which after delivery the disease developed. The patient was a colored woman. The child was delivered about half an hour before the doctor arrived. He removed the placenta, and could detect nothing wrong except that the pulse was *abnormally slow*. The patient did not complain, and expressed herself as feeling very comfortable. The doctor remained about one hour and then left. The pulse was then 50 per minute. Eight hours after the accouchement a convulsion occurred and a physician near at hand was summoned, who left a prescription of "chloral and bromide." He did not administer the remedy, but left directions how to be given. The doctor was sent for, and arrived in time to see the third convulsion. The inability to swallow had not permitted the attendants to administer the remedy prescribed by the doctor, so the patient was practically without treatment all this time. Dr. Holmes immediately administered chloroform, but with no effect. Phlebotomy was then resorted to, and chloral and bromide of potassium administered per rectum. Morphine sulphas was employed also, hypodermically. The convulsions did not recur, but the coma which had developed did not yield, and death terminated the case. The case had not been before seen, and the renal secretion not examined.

Dr. H. Rühl delivered an Irish woman of twins. The labor was uncomplicated with the exception of a *throbbing* headache, which, however, passed off before the termination of labor. The doctor left the patient apparently in an excellent condition. On the following day when making his call he was informed that the lady had lain in convulsions the whole night. He found profound coma, which did not yield to remedies. The patient died the following day. In another case whom he had attended previously on several occasions, eclampsia occurred about half an hour after delivery. The convulsions occurred with varying frequency and severity for three days, and gradually disappeared. Recovery followed. He has noticed that the "after pains" seem to aggravate the convulsions.

Dr. J. G. Heilman attended a lady whom he delivered at 8 a. m.; at 4 p. m. convulsions developed. Potassium bromide was administered, and although unconsciousness continued for twenty-four hours, recovery followed.

Dr. Daniel Longaker met with one instance where during the second stage of labor eclampsia supervened. There were no premonitory symptoms noticed. Phlebotomy was immediately resorted to and f.  $\frac{3}{4}$  x. of blood abstracted. In addition, free catharsis was induced by the exhibition of pulv. jalape comp. Bromide of potassium with full doses of morphia were also administered. Coma developed immediately after the first convulsion, and continued uninterruptedly, being complicated with occasional convulsions until death terminated the case on the third day. In this case albuminuria existed in a marked degree. When the circulation is failing in this disease, if remedies be employed to stimulate the heart it is essential that they be administered hypodermically, as the gastric functions are not active and absorption not to be expected.

Dr. J. G. Eskridge is of opinion that autopsies will elucidate the aetiology greatly. The view

that morbid conditions of the urine are causes, is undoubtedly true to a certain extent; but other pathological conditions, as embolism and thrombus of the cerebral vessels, certainly contribute to the development of the disease. Where effusion into the brain structures has occurred, bleeding is indicated; but if thrombus or embolism is present, such procedure is futile and injurious.

Dr. E. W. Holmes possesses great confidence in venesection and while an interne of Blockley Hospital saw several instances of recovery following this plan of treatment.

Dr. Henry Beates had met but two instances of puerperal eclampsia. In one, the lady's ninth confinement, there was a preëxisting albuminuria and epithelial casts, characteristic of desquamative nephritis. When labor began, the pains were ineffectual and teasing. They occurred at short intervals, but were unaccompanied with dilatation. Flatulence and nausea occurred; the former proving exceedingly annoying. About eight hours after the onset of labor, no dilatation being effected, a peculiar cephalic throbbing was complained of, which increased in intensity, but was *unaccompanied* with pain. This condition continued for little over an hour, when severe pain developed; and it was but little more than half an hour when, with a peculiar expression of face, and strange cry, a general clonic convulsion developed. After this passed over, in about ten minutes a semi-comatose state remained. The convulsions returned in about one hour, and occurred with varying frequency during the following four hours. The distension of the frontal, temporal, facial and cervical veins was extreme during the paroxysms. Prior to the first convulsion, the pulse assumed that peculiarly slow, full, throbbing character, so significant of the second stage of opium poisoning. During the paroxysms it became rapid, and in the interim reassumed its slow, full, bounding character. Croton oil was promptly administered, also the routine mixture of chloral and bromide; ether was used to mitigate the severity of the convulsions. The then much-extolled drug pilocarpin was used hypodermically, and profuse diaphoresis promoted in obedience to the uræmic theory, and the possible increase of elimination through the perspiration of five per cent. of this poison. The convulsions and evidences of cerebral hyperæmia continued, however, unabated: phlebotomy was then resorted to, and f.  $\frac{3}{4}$  xij. according to "book directions" abstracted. This did not stop, but only ameliorated the severity of the convulsion. The vein was reopened and the blood allowed to flow until the *pulse gave evidence of its effect*. Following this no convulsions returned, and recovery in due time was established. In case No. II., the eclampsia developed during the first stage of labor. Phlebotomy *for effect*, not conventional quantity of blood, was promptly instituted. The convulsions immediately ceased; dilatation and delivery spontaneously occurred in this as in case No. I. Recovery was excellent.

In reference to the rational treatment nothing is definitely known. We only theorize as follows: Uræmia exists, and is due to the structural renal lesion. This poison determines a hyperæmia of the brain, and engenders cerebral convulsions. Phlebotomy will relieve the hyperæmia, to say nothing of the removal of the *materies morbi*, which is accomplished, how we do not know, and the

cases recover. *Early* bleeding must be resorted to, before irreparable damage has been done by the extreme hyperæmia and consequent effusion. If the convulsions are dependent upon embolism, and especially thrombus, premonitory symptoms will certainly manifest themselves.

Dr. Beates also reported a case of tetanus due to eruption of a fourth wisdom tooth. The eruption of the preceding three teeth was unaccompanied by similar manifestations. The patient is a gentleman twenty-five years of age. On last Friday morning the gum tissue became swollen and extremely painful. The swelling increased, and involved the substance of the cheek. On Saturday rigors and fever developed, accompanied by rigidity of the masseters and general pains. This was not regarded as serious by the family until Sunday, when a severe rigor, followed by high fever and clonic spasms, supervened. I first saw him that evening and found the following condition: Trismus marked; absolute immobility of inferior maxilla; temperature 104°; rigidity of trapezii and sterno cleido mastoidei; risus sardonius and corrugation of the corrugator supercilii. The anterior belly of the occipito frontalis was also thrown into transverse folds. The femoral flexors would stiffen on attempted movement, and contact and noises occasioned opisthotonos. Darting acute pains situated in spinal cord were greatly complained of, and dyspnoea due to spasm incident to attempts at deglutition.

Having had three cases previously, all of which proved fatal, and calling to mind the physiological action of the remedies so universally administered in this terrible disease, and remembering that tetanus is pre-eminently a disease due to disintegration and depressed action of the spinal centres, I determined to exhibit the most powerful spinal excitant known. Consequently strychnine sulphatis was given in  $\frac{1}{10}$  gr. doses every two hours, and its effect carefully watched. After the first few doses its effects were manifest, and it was deemed requisite to increase the intervals of administration. One every three hours was ordered. The disease remained in statu quo for four days, when the opisthotonos became less severe and less frequent. Convalescence was fully established in the course of nine days, and now the patient is well advanced toward recovery. Still mentions eight cases of tetanus, including traumatic and idiopathic, in which strychnine was employed from the beginning. All of these recovered, and this instance is reported with the hope of inducing further trials to be made.

Dr. James Collins reported a case of traumatic tetanus, which he treated successfully by maintaining a constant condition of taxæmia with cannabis indica. In another case, that of a physician who was suffering from successive crops of furuncle, there was developed a tetanoid condition. On the exterior surface of the forearm there appeared a sluggish inflammatory area, which was very painful, and seemed to avoid progressing to suppuration. This spot was very tender, and occasioned extreme suffering. Trismus developed, and all the manifestations of developing tetanus were present. The area was freely incised, and emollient poultices applied to encourage suppuration and elimination of pus. Free diaphoresis was induced by pulv. ipecacuanhe comp. and cannabis indica freely administered. Under this treatment

the symptoms gradually subsided, and the patient recovered. I often reflect and wonder if there is a condition that might be termed tetanoid, due to reflex irritation, which, if neglected, would develop this dire disease, which is amenable to treatment, or whether real tetanus is possible of cure.

#### TRANSACTIONS OF THE OBSTETRICAL SOCIETY OF PHILADELPHIA.

Stated meeting, Thursday, December 7, 1882. Vice President, Dr. T. M. Drysdale, in the chair. Dr. R. P. Harris being called temporarily to the chair.

Dr. T. M. Drysdale reported a case of *uterine myo-fibroma* in a woman, aged 31. He described the case and subsequent operation at length.

Dr. B. F. Baer (in response to a call from the chair) inquired of Dr. Drysdale the effects of ammonium chloride and ergot, as administered by him in this class of cases. Does not ergot, when given during the menstrual flow, increase the quantity of the discharge? Does ammonium chloride have any effect in reducing the size of the tumor? He had used ammonium chloride a great deal, in fact he gives it in every case of uterine fibroid that comes under his care, but he has not seen or expected much from its employment; he considers it an alternative; it makes the patient feel better, but he has not seen any reduction in the size of the tumor follow its use; it relieves the painful flushings connected with the existence of a uterine fibroid or the menopause. He is not very sanguine as to the effects of ergot used in any way, hypodermically or otherwise, to reduce the size of a uterine tumor, and it certainly can effect nothing in the case of a pediculated subperitoneal, uterine fibroid.

As regards the hazard of the operation, under the conditions existing in the case narrated by Dr. Drysdale, it cannot be too strongly expressed; but there have been instances of recovery under conditions apparently as desperate as those just detailed.

The case referred to by Dr. Harris (Chairman *pro tem.*) was operated upon by Dr. Goodell. The patient was a lady of middle age, who had been suffering from profuse hemorrhage, which was endangering her life. This hemorrhage was the result of the existence of a large uterine tumor, and Dr. Goodell decided to attempt oöphorectomy as a means for her relief. An incision three or four inches in length was made in the middle line of the abdomen. The large size of the tumor made it very difficult to reach the ovaries. One was, however, reached, and successfully ligated and removed without causing hemorrhage, although the pampiniform plexus was very much enlarged. It was necessary, in order to reach the other ovary, to enlarge the abdominal incision and roll the tumor over. It was found and removed, but a large plexus of vessels was ruptured in the turning, and the hemorrhage was frightful, the blood escaping from both ends of the vessels: ligatures were passed through the substance of the tumor, and finally succeeded in stopping the loss of blood. The doctor thought he might be compelled to remove the entire uterus to stop the hemorrhage. This had happened to Knowles Thornton.



This patient recovered, but Dr. Baer had seen death from peritonitis result in similar cases from the exploratory incision alone, the tumor and ovaries being found to be in so vascular a condition that Dr. Goodell was afraid to complete the operation.

Dr. Harris remarked that he was present at this operation, and was a close observer. The veins were ruptured during turning of the tumor; there was a peculiar anastomosis of the large venous trunks at the point of rupture. In this case the tumor had formed no adhesions.

Dr. Harris had been present at an operation by Dr. W. W. Keen in a similar case. The tumor was smaller, but the hemorrhages had been so profuse before the operation as to leave the patient waxen in appearance. In this case the tubes were tied close to the uterus, and were removed with the ovaries.

Dr. Baer remarked that Dr. Goodell had been very successful in operating by removing the ovaries for the cure of metrorrhagia, the consequence of uterine fibroids.

Dr. Githens, in answer to the first query by Dr. Baer, remarked that though not successful in relieving menorrhagia by the internal use of ergot, he had had very satisfactory results from the use of ergotine suppositories in cases in which there was no tumor present.

Dr. A. G. B. Hinkle alluded to several cases in which he had used ergot for the relief of menorrhagia, due to the presence of uterine fibroids, he had given it three days before the period, during and for three days after its close; he also gave ammonium chloride in ten grain doses, three times a day, all the time. This treatment had produced undoubted effects, and in some cases the tumors had disappeared.

Dr. Henry Beates had used ammonium chloride in the treatment of a lady who had a large uterine tumor. He continued it one year with marked effect. The menopause came on two years afterward, and the tumor has entirely disappeared.

Dr. Beates made some general remarks about the microscopical appearances in hard and soft uterine tumors, and thought that the effect of ergot would depend upon the presence or absence of muscular fibres as a component part of the tumor.

Dr. Drysdale, in closing the discussion, urged upon the members the desirability of limiting the operation of the removal of the uterine appendages for the cure of uterine fibroids to small tumors or to those in the early stage, and which have not commenced to undergo the softening process. He had noticed, in cases under his care, a small spot of softening begin in a previously hard tumor, and progress until the change was complete. The tumor presented this evening had undergone this change, and had undoubtedly assumed a malignant type. Before the operation it felt as if it contained a fluid. Since its removal it has shrunk to about one-half its original size from drainage of blood. From the description given during the debate, the tumor in the case of Dr. Goodell's differed from the one presented this evening in being much smaller, harder, and free from adhesions. The hemorrhage in his case came from a single laceration in the tumor, and could be controlled. In this case not only did the torn substance of the tumor bleed, but every detached adhesion poured out blood in abundance.

In reply to Dr. Baer's questions, he would say

that ammonium chloride in some cases of hard uterine tumors is remarkably efficacious in reducing the size of the growths; he has repeatedly seen them entirely removed by the remedy. He had never known ergot to increase the loss of blood during the menstrual period when used for the cure of intra-mural tumors; ergot has a decided effect upon the nutrition of these growths, but he would not expect it to act upon pedicellated growths unless inside the cavity of the uterus.

Dr. Henry Beates had been called in consultation to see a case of metrorrhagia. Ten years previously the patient had suffered from miscarriage at the fourth month. Subsequently each menstrual period became more and more profuse and prolonged, until, at the time Dr. B. first saw her, the loss of blood was constant and the patient was pallid and reduced almost to a skeleton, her weight being but ninety pounds. The curette had been previously applied to the endometrium, with the effect of increasing the discharge. Dr. Beates introduced a sound, which passed to the left to a depth of five and a quarter inches; he introduced a laminaria tent of the largest size and next day, by digital examination, discovered a sessile tumor; further dilatation enabled him to remove the tumor by evulsion. It was necessary to divide it to deliver it through the *os uteri*. It was composed of fibrous and muscular tissue, and contained numerous dilated blood vessels which had been the source of the hemorrhage before operation. Three years afterward the patient's weight had increased to one hundred and fifty pounds.

Dr. B. F. Baer read a report of a case of labor with twins.

Dr. Harris had had under his care a woman in labor with twins. The first one delivered was a female weighing eight pounds; it presented by the breech. After it came away the *os uteri* and soft parts contracted, and an examination made by one who did not know of the delivery of the first child would not have discovered evidence of the fact but for the presence of the cord. The bag of waters presented, and the *os uteri* was again dilated. Three and a half hours after the birth of the first child, the second, a male, was delivered by assistance of the forceps; its weight was nine pounds.

Dr. Horace Williams related his experience in a case of twins. The first child descended in the fourth position, and no rotation occurred, as it was held so by the second child; the pelvis was roomy, but laceration of the perineum resulted.

Dr. R. G. Curtin had this morning delivered a woman of twins; after the uterus was emptied and well contracted a strongly-marked sulcus could be felt in the fundus.

Dr. Drysdale has under his care a woman whose uterus is divided by a complete septum.

Dr. W. S. Stewart inquired if any previous examination indicated a want of symmetry—or if it resembled an extra-uterine pregnancy.

Dr. Baer had not seen the patient until after delivery of the child, and did not ask about the point mentioned by Dr. Stewart. Dr. Goodell has reported a case of supposed extra-uterine gestation in which labor came on naturally. This type of uterus may seem to be very rare, because it is so difficult to recognize. The presence of the septum would never have been suspected in this case had not been found in the attempt to remove the imprisoned placenta.



Dr. Harris said that Dr. Goodell was uncertain of the character of the pregnancy, although every diagnostic test but one indicated that it was extra-uterine. This exceptional condition was the sensation of muscular contraction in the presumed cyst-wall when the hand was applied to the abdomen. Not being able to reconcile this action

with the development of a tubal pregnancy, he determined to trust the case to nature, and sent the woman to the Preston Retreat, where she was delivered naturally in a few days. The uterus was double and was twisted on its axis, and the empty cornu was posterior, admitting the sound in the median line as into an empty organ.

## EDITORIAL DEPARTMENT.

### PERISCOPE.

#### Strychnine and Nux Vomica in Infantile Therapeutics.

We take the following rules for the use of strychnine in the disorders of the digestive organs of children from the lectures delivered by Simon in the hospital *Enfants Malades*, in Paris.

There is a form of dyspepsia that you will find in young girls, with faces full of expression, at the approach of puberty when from eight to fourteen years of age. They come complaining of gastralgia, of different forms of dyspepsia; they are generally constipated. After eating the epigastric region becomes swollen, tense and painful; their intelligence is above that of children of their age, but they are capricious, irritable, whimsical; already untruthful, they use far-fetched expressions, affected, and very different from what ought to come directly from the minds of children. These are the links of the chain that unites the neuropathic affections of children to confirmed hysteria. This is one of the favorite formulas of Mr. Simon, for that condition:

R.	Tr. of cascarrilla	} aa 5 grammes.
	Tr. of cannella	
	Tr. of gentian	} 1 to 2 grammes.
	Tr. of colombo	
	Tr. of rhubarb	
	Tr. of nux vomica	

This constitutes a very good aperient, of which ten drops should be given in some wine before meals. If constipation predominates, increase the proportion of rhubarb and tincture of belladonna:

R.	Tr. of rhubarb, 10 grammes.
	Tr. of belladonna, 3 grammes.
	Nux vomica, 1 gramme.

To be given in the same dose and manner as the preceding.

For those who will take powders, he prefers to give this prescription in that form:

R.	Powder of crab's eyes, 0.20 centig.
	Magnesia calcined, 0.15.
	Rhubarb, 0.10.
	Nux vomica, 0.05.
	Pepsine, 0.05.

If there be intestinal indigestion also, and meteorism becomes very pronounced, he orders the belly to be rubbed with the following liniment:

Tr. of nux vomica,	3 gram.
Tr. of belladonna,	5 "
Camphorated oil of chamomile,	15 "

or with a pomade of the neutral sulphate of strychnia 1 part to 60 of ointment. You will be astonished to see how notably the meteorism will be diminished. The same ointment can be used for prolapsus of the rectum, and also for relaxation of the anal sphincter, so common in old people and children.

In paralysis of every kind nux vomica is much used, either to hasten the return of motion from peripheral or toxic paralysis, or to prevent the degeneration that takes place in muscles condemned to repose, or when the lesion is in their tropic centres.

In diphtheritic paralysis he gives two to five drops of tincture of nux vomica before each meal, insisting at the same time on tonic medication: cod-liver oil, or cinchona wine.

In the grave and extended cases of diphtheritic paralysis it is well to insist strongly on the use of strychnia; from five to ten drops of the tincture of nux vomica must be given at each dose, or from two to eight drops of the following solution, of which the effects must be carefully watched:

R.	Sulphate of strychnia, 1 milligr.
	Eau, 1 gr.

Infantile paralysis is divided into two stages, the first or febrile, which lasts from six to eight days; at the end of that time, when the child is raised from its bed, the paralysis is first perceived. This is the beginning of the second stage, and it is only during this one that he uses nux vomica in the form of tincture. From five to ten drops during each meal will have the effect of awaking the muscular functions, and of combating the atony of the digestive organs.

In other affections of the nervous system, such as the weakness of the convalescents, the paresis that is brought on by long-continued surgical dressings, and that which follows rheumatism, he employs nux vomica, alternating its use with that of arsenic. He has obtained good results from the arseniate of strychnia.

For chorea he does not use strychnia, because it is a rheumatic affection, and says that it should be treated as such; it cannot be cured, but may be rendered less severe. He knows nothing that will shorten it—its duration being about three months.

In incontinence of urine, when belladonna and

the cold shower-bath have failed in nocturnal incontinence, you may have some hope in strychnia. The diversity of results obtained elsewhere is easily explained by the immediate and predisposing causes of that infirmity. Belladonna is nevertheless preferable to nux vomica, which on the contrary excels when the incontinence is diurnal as well as nocturnal. In those cases of epilepsy that were not ameliorated by the bromides, either simple or compound, Mr. Simon found it well to order strychnia, alternating, about every five days, with atropia. He had two cases at that time that were notably benefited by this treatment, so entirely opposed to the bromides. It is an enigma, he confessed, that was inexplicable. The appearances of cerebral congestion were the same as those in other patients who received the greatest benefit from the bromides.

In concluding he said that strychnia was decidedly contraindicated in marked irritability, in cerebral irritation, in all acute disorders of the nervous centres; but, administered as he has carefully pointed out, it would always give the best results as a bitter, as a tonic, as an excitant of the sensibility, and of the reflex actions.

From the *Progrès Medical*, Oct. 28.

#### Treatment of Sexual Neurasthenia.

Dr. George M. Beard, of New York, in his article on the above disease, in the *Medical Record* of December 2, 1882, lays down very explicit rules. We have the division into general, local, and operative treatment: there is no doubt in these cases one plan of treatment is always followed by failure, and that it is only in combining the three divisions together we meet with any success.

The general rules that are to guide us in our constitutional treatment are as follows:

*First.* Not to place dependence on any one medicine, or any mode of treatment. There is no specific for sexual neurasthenia. The cases are to be treated as cases rather than as diseases. In no form of disease, probably, are idiosyncrasies against drugs and therapeutical procedures more common or more severe than in this disease; they overthrow all our ideas of medicine, and greatly disturb our prognosis; bromides instead of producing sleep may keep awake, tonics depress, etc.

*Second.* Frequent change of treatment is needed.

*Third.* Occasional suspension of all treatment.

*Fourth.* The recognition of the fact that hygiene and medicine are identical, and that those portions of medicine which have been classed under hygiene are more difficult to manage than medical or surgical procedures, partly on account of their inherent complexity, and partly because they are more exclusively in the patient's own hands.

Under what is called hygiene, Dr. B. places diet, work, rest, travel, marriage, change of climate; of these only work, rest and marriage receive any attention—preference is given to work. In many of these cases the patients, if at rest or idle, allow their minds to constantly rest upon their symptoms. "Such persons are not so much diverted as injured by travel; they stand as watchdogs over their symptoms, never allowing them to get out of sight; counting, or trying to count, the healthward progress from day to day, like sailors throwing the log, they are inevitably

disappointed, and return home oftentimes broken and helpless."

In regard to marriage, Dr. B. seems to be somewhat in doubt of its efficacy. Marriage, in my experience, has always proven detrimental. Marriage should not, under any circumstances, be allowed.

#### MEDICAL TREATMENT.

The medical treatment is divided as follows: Local sedatives, general sedatives, general tonics, mental therapeutics. Under local sedatives are placed epigea repens, tritium repens, stigmata of maize, rhus, aromat. eucalyptus, digitalis and digitalin, alkalies, cantharides in very minute doses, belladonna, atropia, ergot and ergotine, lupatine, camphor, bromide of camphor, gelsemin, cimicifuga—most certainly a large enough list to choose from. It of itself shows the complexity of the disease and the range of medicines which, in some cases, the unfortunate patient has to go through.

In the general sedatives, the bromides head the list; but there are two classes of patients for whom it is not well to prescribe bromides—those kept awake instead of being put to sleep by them, and those who have already taken the bromides too long.

General tonics embrace iron, quinia, phosphoric acid, strychnine, arsenic, etc.

Electricity receives a favorable notice.

Of counter irritation, such as blistering, etc., Dr. B. says, "If severe, it annoys; if mild, does little good."

The surgical treatment consists in relieving phimosis at once by the knife.

#### Cholecystotomy.

A very valuable paper on this subject was read in the section of surgery at the last meeting of the *British Medical Association* (*British Medical Journal*) by Mr. Lawson Tait. He said:

On December 20th, 1881, Dr. Lycett, of Wolverhampton, brought to me a lady, aged twenty-eight, suffering from severe paroxysmal pain in the right side, associated with a tumor, which appeared and disappeared. It was found to be movable, situated on the right hypochondrium, and was, in my opinion, distinctly cystic. In spite of the fact that it had been pronounced to be a "floating kidney" by several distinguished authorities, I gave the opinion that it was a gall-bladder, distended by an impacted gall-stone, and I advised the operation of cholecystotomy. Dr. Lycett has favored me with the following history of the case:

At the time of puberty, she began to suffer from pain in the hepatic region, varying in degree and duration, but generally sudden in its onset, apt to be induced by exercise of any kind; and in this way it prevented her from engaging in dancing, and other pastimes. She first came under Dr. Lycett's care in March, 1878, at which time he came to the conclusion that she was suffering from stone in the gall-bladder. One remarkable feature of the case has always been a perfect freedom from jaundice. She had her second child in 1880; and, after that, Dr. Lycett saw reason to alter his view of her case by the discovery of a freely movable tumor in the upper and right part of the abdomen. It seemed solid, and was shaped like a kidney. It

was tender on pressure, and, when the hips were raised above the shoulders, it could be made to disappear. The patient stated that sometimes it could be felt below the umbilicus; but Dr. Lycett was never able to satisfy himself of this. He came to the conclusion that it was the right kidney floating; and Dr. George Johnson expressed a belief that, in addition to this, there must be a calculus in its pelvis to account for the paroxysmal pain. No abnormal condition of the urine was ever found.

After the birth of her third child, she became much worse. Her sufferings were often intense, so that she suffered from serious symptoms of collapse, and she became very thin and anæmic. "Under such circumstances," writes Dr. Lycett, "I advised her to seek your advice, with the object of submitting to abdominal section, in the hope of that possibly affording relief. To this measure, however, she took some six months to make up her mind, but finally consented when she had become a chronic invalid and almost bed-ridden."

I saw her with Dr. Lycett last December, and was fortunate in discovering the tumor at once. It seemed to me to be cystic, to be attached above, and therefore I pronounced it to be the gall-bladder distended, on account of the occlusion of the duct by a calculus. I put the floating kidney theory altogether on one side, because I have never seen such a thing, either in life or in a museum, nor have I met any one who has. In fact, I have no belief in its existence as a pathological incident.

I proposed to open the abdomen and remove the calculus, but, as Dr. Lycett says, she took six months to make up her mind to the operation. She came back to me early in June, very much reduced in health, and on the 15th I opened the abdomen by a vertical incision over the tumor. I came at once upon it, and found it to be the gall-bladder distended. I emptied it by the aspirator, removing about a pint of thick glairy mucus. I then laid it open, and removed about eighty gall-stones of small size, the largest weighing fifteen grains. They were removed chiefly by the use of a *curette*.

I then stitched the aperture in the gall-bladder to the wound in the abdominal wall, carefully closing the peritoneum, and leaving a drainage-tube in the gall-bladder. The patient's recovery was uninterrupted: the highest temperature recorded was 100.4°, and the highest pulse record 84. The stitches were removed on the eighth day, the drainage-tube on the twentieth day, and in ten days more only a small sinus was left, from which some mucus still continues to be discharged. The patient has gained flesh since the operation, and has been entirely free from pain.

Neither at the operation nor in the after treatment were any of the "antiseptic" methods of Professor Lister employed, as I have entirely discarded all these for about two years, with great advantage to my patients.

The fistula in the gall-bladder continued to discharge clear mucus till on August 5th, when "something seemed to give way," as she said, and bile flowed freely. This is very satisfactory, as it shows that the occlusion of the duct has been overcome, and the complete functions of the organ may be re-established by the closure of the

fistula. This I shall take means of securing shortly.

#### A FOURTH CASE OF CHOLECYSTOTOMY.

A. B., aged 37, was placed under my care some weeks ago by my colleague Dr. Hickinbotham. A tumor in the position of the gall-bladder could be occasionally discovered, and she suffered intermittently from severe attacks of cholic. It was clearly a case of distended gall-bladder. On October 13th, I performed an operation precisely similar to that narrated above, and removed sixteen gall-stones, varying from seven grains to thirty-five in weight. I removed the drainage-tube on the third day. The stitches are now (October 24th) all removed, and the wound is almost healed.

From the recent epidemic of typhoid fever in Paris we may derive some important information. Of its magnitude some notion may be formed from the fact that on the 22d of October there were in the hospitals 2,175 cases of typhoid fever. From that time the epidemic progressed in the following manner: On the 23d, 50 cases entered, 72 went out, 9 died; remaining on the evening of the 23d, 2,141 cases. On the 24th there were 77 entered, 72 went out, 9 died; on the evening of the 24th 2,137 cases remained. On the 25th, 25 entered, 54 went out, 10 died; there remained in the evening 2,131 cases. On the 24th of October there were 25 interments of those who died from typhoid fever, and on the 25th there were 11 from the same. From the 15th to the 25th the daily entries varied between 25 and 77; whereas, from the 9th to the 14th, they varied between 86 and 180; the epidemic seemed then to be declining.

During the epidemic, of course, ample opportunity was given for a trial of the various treatments.

Carbolic acid has been unfavorably spoken of at a discussion by the "Société Médicale des Hôpitaux," for though it lowers the temperature, it does not, in any way, modify the march of the disease; and those who some time since vaunted it so highly have ceased to use it on account of the great danger attending its exhibition.

M. Siredey no longer uses rectal injections of carbolic acid except to modify the offensiveness of the stools, and moreover, immediately after having given the injection, he gives a large one of water to secure an evacuation so as to prevent absorption.

M. Vulpian has tried iodoform, salicylate of bismuth, boric acid, carbolate of soda, and salicylic acid. Of iodoform and also of boric acid he used as much as 180 grains a day without any effect; 135 grains of carbolate of soda gave the same result; 180 grains daily of salicylate of bismuth lowered the temperature, disinfected the stools, and gave general amelioration, but there was dyspnoea, nasal and intestinal hemorrhages. He then gave salicylic acid powder in wafers, using 90 to 105 grains in 24 hours, the doses given at intervals of two hours, and each dose followed by the ingestion of a little soup or wine. In general, the remedy was well supported. The only accident that seemed attributable to the salicylic acid was a little delirium. It caused neither dyspnoea nor hemorrhage. There was lowering of the temperature as from phenic acid, but it lasted longer. The general condition was favorably modified.

The duration of the fever was not influenced. M. Vulpian concluded that without being a curative agent, it had a sufficiently moderating influence to merit it a place among the best modes of treatment. He proposes it as a prophylactic; a healthy man will bear as much as 30 grains a day without any inconvenience.

Bouchard at called attention to turpentine, a powerful antiseptic agent, and unfortunately a little neglected in these researches.

Ergot seems to have given most satisfaction. Taken in doses of 15 grains a day, the pulse fell, the temperature was lowered, delirium was stopped, and also other grave symptoms.

M. Duboné gives 30 to 45 grains a day for an adult, and from  $\frac{1}{2}$  to 15 grains for a child, according to its age.

Dr. Guichard thinks these doses large, and commences by doses of 15 grains a day for adults. To children he gives from  $\frac{1}{2}$  to  $\frac{1}{4}$  of a grain, according to age.

#### Pneumo-Uria.

Prof. E. L. Keyes, of New York, contributes an article to the *Medical News* of December 16, 1882, entitled *Pneumo-Uria*, which disease is characterized by the formation of a gas in the bladder, resembling air, colorless, sweet and pure, not ammoniacal, not sulphuretted hydrogen, and not introduced from without. Two cases are cited which indicate the existence of this peculiar malady.

In the first case the remarks are quoted from memory. In brief, a gentleman aged sixty-seven, after some years of treatment for prostatic trouble, died from renal disease produced by this obstruction. During life it was remembered that he had passed gas per penem. At the autopsy, the bladder was found distended with gas, and yet no fecal matter nor vesico-intestinal fistula was found in the bladder. The urine was not putrid, nor had it contained foreign matter. Unfortunately the case was not more carefully recorded, and Prof. Keyes remarks he presents it "for what it is worth."

In the second case, a gentleman applied for treatment on account of frequent micturition and the passage of gas by the urethra. The urine was not putrid, the gas was odorless, and contained no sulphuretted hydrogen, except on one occasion, when the urine became ammoniacal and decomposed, and probably was free from carbonic acid, as the urine did not contain an excess of carbonates. Indeed, Prof. Welch pronounced it to be simple air. The crucial test of an autopsy was absent, but the symptoms excluded intestinal fistula, the track of an abscess or a cancerous erosion as the means of entrance into the bladder of this gas. Two similar cases are reported by Widel and Raciborski. Of course these cases do not prove the existence of pneumo-uria; but they should stimulate investigation, and if possible be the starting point of establishing this strange malady upon a sound basis.

#### The Study of the Face as an Index of the Brain.

Dr. Francis Warner read a paper on the above before the Section of Medicine of the British Medical Association, which possesses much interest.

The face is a region of the body well worthy of

clinical study. We may observe its form, color, and mobility; and the effects of movement in causing expression. The movement is the outcome of the action of the brain.

The tissues forming the structure which we call the face are mainly the skin, with its vessels and vaso-motor system; the subcutaneous fat; the facial muscles, supplied by the facial nerve; and some of the masticatory muscles, supplied by the fifth nerve.

Most of the variations of facial expression are produced by the facial muscles, which are acted upon by the changes in the brain; and these are the special indications of the cerebral condition to which attention will here be called. The muscles of mastication are less expressive of the condition of the brain than are the facial muscles; but they may become the subject of spasm, atrophy (see Case, *Lancet*, January 7th, 1882), or may produce teeth-grinding, as the result of conditions of the brain.

In almost all cases, the best indications of the conditions of the central nerve mechanism are its effects as seen in the spontaneous action of the muscles; and it is by the result that we usually judge of the central condition. Such effects are conveniently spoken of as nerve-muscular signs. Nerve-muscular signs are the best indices of the brain; the change in the brain affects the muscles; these control the position of the visible parts; and, from the facial changes resulting, we gather our information.

We are here studying the results of cerebral action upon muscles, according to well understood principles of physiology; while physiognomy deals mainly with the shape of the brain-case, and the passive condition of the face.

The principal movements of the facial muscles are these:

1. Dilatation and contraction of the facial foramina; probably this corresponds in significance to flexion and extension.
2. Elevation and depression of parts. Such conditions are well seen by comparing the two sides of the face in a case of Bell's paralysis.
3. Retraction and drawing forward of parts, as in grinning and screwing up the mouth.

To examine a face, hold a piece of paper in front of it, with one edge vertical; either half of the face can then be covered in turn. Again the face may be divided into three zones, by holding the paper with one margin horizontal, leaving the forehead above the eyebrows uncovered; or, the face below the lower margin of the orbits may alone be exposed, showing the mouth, most of the cheeks, and the *ala nasi*; or, again, the middle zone, including the eyes with the upper and lower eyelids, may be viewed alone.

After looking for symmetry in a face, the nerve-muscular condition of the individual parts may be compared. A different condition of the different zones has, possibly, about the same kind of significance as an unequal condition of flexion and extension of the different fingers. A condition of different activity in the three zones of the face is a departure from physiological calmness (*e. g.*, a smile, or snarl); it may be normal or abnormal. An unequal condition of the different zones is very common in "nervous people."

In the upper zone, we have the occipito frontalis and the corrugator supercilii. Here we see the



outcome of brain-action in those conditions termed grief, surprise, etc., producing muscular action and corrugating the forehead. The occipito frontales are often seen overacting in imbeciles, and in cases of chorea; sometimes, also, they overact as a mere "chronic nervous habit." Symmetry in this zone is usually maintained. In the middle zone asymmetry is less uncommon, but is seen in winking and in ptosis. The important muscles here are the orbiculares oculorum. With megrim, and in conditions of depression, a marked change is often seen in the midfacial zone, due to a fullness about the eyes, especially about the under eyelids; the orbiculares have lost their tone; the skin hangs too loosely; the skin of the lower eyelid, instead of forming a convex surface, passes as a plane from the ciliary margin to the lower margin of the orbit. If the patient be made to laugh, the orbiculares are energized for the moment, and the look of depression is lost.

Passing on to the consideration of the lower facial zone, we see here the most marked effect of facial spasm or palsy from brain-disease—*e. g.*, in hemiplegia and lesion of the crus cerebri. Thus the weakness of the face is well demonstrated by making the patient show his teeth or smile. Now, the muscles of this region are those most commonly seen in spontaneous action in imbeciles; it is these muscles that work awkwardly in nervous one-sided grinning, and in this region we most commonly see asymmetry of the features, due to nerve-muscular conditions. It is interesting to note that this region of the face is the most affected by brain-disease (paralysis), and in "nervousness" (irregularity of the mobile features). Again, it is the levator labii superioris in the lower zone which produces one-sided snarling, one of the lowest expressions produced by the human face. In complete development and perfect health the features are usually regular in passive form and in symmetry of movement. In most expressions, the symmetry of bilateral movement is complete; from this we infer that the nerve-mechanisms for each side of the face are intimately connected.

In observing how easily facial asymmetry is brought about, we see evidence that the union of the facial centres is easily dissolved and not very strong, the asymmetry being especially seen in the lower zone; thus asymmetry is produced by nervousness (see one-sided grinning), by the desire to attack (see *Darwin on the Expression of the Emotions*, page 250) (snarling), or by such defective nutrition or development as produces unequal features when in motion. The higher, more intelligent expressions, are symmetrical. Union of the facial centres is less perfect than the union between the motor centres of the eyes, for the cerebral condition producing "emotion" cannot cause dissociated movement of the eyes. We find here an illustration that symmetry of action, as well as symmetry of structure, is part of the law of beauty.

It may be remarked as a peculiarity of the facial muscles in man, that they are usually free or disengaged, not mainly occupied in doing a definite work, but their movements are mainly the spontaneous outcome of brain-action. The facial muscles are usually very mobile, and often illustrate the struggle of nerve-muscular actions; this may be seen in the conflict of the muscles about

the mouth in the endeavor not to cry. The study of nerve-muscular signs in the limbs shows the importance of observing whether "the movement of small parts"—*e. g.*, the fingers—be thoroughly good; this kind of observation in the facial region is, I think, represented by "the finer movements of expression." These are totally absent in some cases of paralysis agitans, although the larger movements of the face can be voluntarily performed. When fatigued, the brain does not act well in producing the small, fine movements of either hand or face. We sometimes see a nervous play of the features; this, I imagine, depends upon slight irregularity of the muscles producing slight movements. In convulsion, both clonic and tonic, and in tetanus, the larger muscles usually produce the most marked effect.

In observing different types of face, we become at once struck with the fact that some faces express intellectuality, others vulgarity; some faces are very mobile and very expressive, others are passive and immobile.

The peculiarity of vulgar faces may be roughly divided into two elements: 1. Physiognomy or the shape of the brain-case and face, together with the character of the facial tissues, and the structure of the features and parts of the face. Here, probably, we have an example of the coincident defective or coarse development of the face and the brain. This illustrates the relation of morphology and function, the structure of the face, and the coincident structure of the brain which moves the face. Elements contributing to this character of face are a large under jaw, a thick immobile condition of the facial skin, thick lips, etc. It will be seen that these are mainly conditions in the development increasing the protective character of the skin of the face; the thick immobile tissue is better able to resist the action of external agencies, but it is also less mobile under the action of nerve-muscular changes. The large lower jaw may be very useful for mastication or defence, but it does not serve to increase the play of nerve-muscular actions.

2. The second typical characteristic is the nerve-muscular condition of the face. Such signs are more directly indicative of intellectuality of the brain; hence we should study a face as the index of the brain, when it is seen in action as well as when at rest. The mobility in the different zones and the relative condition of these areas give indications of the condition of the mental nerve-mechanism. These considerations afford some evidence that facial expression results from nerve-muscular action, the outcome of the motor action of that part of the nerve-mechanism which produces mental states.

#### A Meteorological Antiseptic.

An exchange states that a remarkable instance of the beneficial influence of tropical storms has just occurred in the Philippine Islands. The population of Manilla was being decimated by cholera, when, at the end of October, a tremendous hurricane swept over the island, almost entirely destroying the town. On the following day not a single case of cholera occurred, and not one has been reported in the island since.



## REVIEWS AND BOOK NOTICES.

## NOTES ON CURRENT MEDICAL LITERATURE.

—The Annual Report of the National Board of Health for 1882 is a document that ought to be carefully read by every member of Congress. It would serve to enlighten that honorable body as to the great economic value of the Board, and to prove that the charges made against it are and were wholly unfounded. Its appropriations were economically and judiciously expended, and it is to be hoped, will be renewed and increased in the future.

—Some valuable suggestions on the treatment of phthisis and the importance of laryngeal symptoms in its diagnosis are presented in a reprint by Dr. M. F. Coomes, of Louisville, Ky. One of the points to which he draws especial attention is his conviction that it is possible to make a positive diagnosis of the existence of pulmonary phthisis by means of the laryngoscope, before such diagnosis is justified by other physical signs or symptoms.

—The change of the *New York Medical Journal* from a monthly to a weekly, adds another to the medical periodicals of frequent issue in our neighboring city.

—We learn with pleasure that the fifteenth edition of the United States Dispensatory will be ready this month. The editors are Dr. H. C. Wood, Professor of Materia Medica and Therapeutics in the University of Pennsylvania, Joseph P. Remington, Professor of Pharmacy, and Samuel P. Sadtler, Professor of Chemistry in the College of Pharmacy of Philadelphia. The revision has occupied about three years, and has been in all respects most thorough and complete, embracing the most recent discoveries in Materia Medica, Pharmacy, Chemistry, and Therapeutics.

—Dr. Rollin T. Gregg, of Buffalo, New York, continues his investigations into the nature of tubercle. He denies that they are caused by bacteria, and claims that chyle corpuscles, red blood corpuscles, and tubercular corpuscles, are the same, only under different conditions. His reprints may be had of the author.

—Dr. A. L. Chapman, of Kansas City, Missouri, begins with the year a monthly journal on sanitary science entitled, "*The New Medical Era and Sanitarian*," subscription price \$1.50 per year. It will contain foreign and domestic news in this branch, and will, we doubt not, merit a large patronage, which we hope it will also not fail to receive.

## BOOK NOTICES.

**Annual Report of the Supervisory Surgeon General** of the Marine Hospital service of the United States. Washington, pp. 304.

No one can look over this volume without being gratified that our government provides for the continuance of this bureau. It is managed with efficiency and economy, and there are few appropriations which so well repay their expenditure as that for the support of this service.

The document contains the official report of the secretary, a mass of statistical matter—medical and surgical, the detailed description of a number of selected cases from hospital practice, records of autopsies, and, in the appendix, a very excellent, and we may add touching article by Surgeon Walter Wyman on the hygiene of steamboats on the Ohio river. The sufferings of the poor "roustabouts" are described with a sad fidelity, and we cannot but wonder both that men are found willing to bear such hardships, and that there are others ready to inflict them.

There is a variety of other official information in the volume which renders it of much interest to the profession and the philanthropist.

**A Treatise on Fractures.** By Lewis A. Stimson, B. A., M. D., etc., with 360 illustrations. Philadelphia, H. C. Lea's Son & Co. 1 vol. 8 vo., pp. 598, Leather.

Dr. Stimson is already known to the public by some surgical writings of excellent character, and the present volume will add to his reputation. It is very carefully composed, and the many difficult and obscure points which present themselves in treatment of fractures receive a clear and usually convincing discussion.

Such a volume will be welcome to very many readers, as there is no rock on which a physician's reputation is so often shattered as on his treatment of fractured bones. Probably ninety per cent. of the cases of mal-practice arise here, and the practitioner cannot fortify himself too strongly with good authority for his procedure.

Dr. Stimson's earlier chapters are on the varieties and etiology of fractures, their symptoms, diagnosis, methods of repair, complications, remote consequences, general treatment, general prognosis, vicious union, etc. He then proceeds to discuss the fractures of each of the bones, giving both general rules and illustrations from special and anomalous cases. In this he draws from an extensive personal observation, as well from a wide reading.

We believe his book will take a high position among the monographs on this branch of surgery, and it is the evident result of a careful study of the subject.

THE  
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A WEEKLY JOURNAL,  
ISSUED EVERY SATURDAY.

D. G. BRINTON, M. D.,  
JOSEPH F. EDWARDS, M. D., } EDITORS.

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THE  
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MEDICAL SCIENCE.

With January 1st, 1883, the COMPENDIUM OF MEDICAL SCIENCE, formerly published half yearly, has been commenced as a *quarterly*, to be issued on the 1st of January, April, July, and October.

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THE NEW YEAR.

Standing at the threshold of a new year, it is pleasant and not unprofitable to forecast its probable activities in the departments of thought which most concern us.

In medicine it appears that the practical side, the clinical features of the art, will in 1883 receive the most attentive consideration. There have been so many breakdowns lately of fine-spun theories as to the causes of disease, that the medical mind is wearied of them. Too often they have proved but attractive cobwebs, unable to hold even a grain of fact.

Pathology, too, has not returned the expected harvest. The magnificent construction of the cellular theory has cracked ominously, and threatens to tumble about its creator's ears. The zymotic hypothesis is scarcely in a more stable condition, and the thousands of pages printed in support of it seem destined to the lumber-room.

A sense of weariness with these almost fruitless doctrines is creeping upon the mind of the profession.

What will be the result?

We doubt not it will be healthful and good.

We shall turn back once more to the advice of Sydenham, and make our place of study not the dissecting-room or the laboratory so much as the bedside. Disease and not the products of disease, physiology rather than pathology, therapeutics rather than experiments on drugs, will regain the attention which, in a measure, has been diverted from them.

Hygiene and sanitation will rise more and more in importance. The prevention of disease, the lengthening of life, the lessening of pain, heightening of vitality—these are the problems of the hygienist, and when he shall have solved them to the utmost possible extent, he will have accomplished more good than all the theologians who have raved and written since the world began. The task is great, the prize the greatest.

"Kühn ist das Mühen,  
Herrlich das Lohn."

Such we believe to be the probable future of medicine in this and the coming years. Though

it may lag or falter by the way, sooner or later it will adopt these as its true paths to the highest possibilities.

#### THE VALUE OF PRACTICAL MEDICAL JOURNALISM.

There are two classes of physicians, and, to a certain extent, two classes of medical journals.

There is the scientific physician, whose time is devoted to the study, investigation and elucidation of the, as yet, mysterious and unknown phenomena of disease; who in the privacy of his laboratory, his anatomical room, or his exclusively hospital practice, is constantly seeking to throw light into the dark and narrow paths of progression towards the goal of an *exact* science of medicine.

On the other hand, we have the practical physician, who is constantly going about from one scene of pain and sickness to another, whose sole thought is to relieve distress, and to do so as rapidly as possible.

To him it makes no difference whether typhoid fever is caused by a bacillus or not; the ultimate etiological factors of disease have no interest for him; his is a practical mind, and if you teach him, in the first place how to avoid disease, and in the second place how to assist nature to cure when disease has been contracted, you furnish him all that he requires.

There are, of course, many men who hold positions between these two extremes; but the large majority belong to one or the other, and in the ranks of the practical army are to be found the great mass of our profession.

The scientific class originate certain ideas and experiment with them, until it seems they have demonstrated certain truths, when these results are given to the working class, to see whether they will bear the severe test of extended practical application.

Medical journalism, broadly speaking, is the means of intercommunication between these two classes, as well as between the individual members of each.

The scientific medical journal reflects the

thoughts, observations, and experiments of the scientific physician.

The practical medical journal reports for its readers all that may be of practical use to them in the prevention, recognition, and cure of disease.

A practical medical journal is prepared something as follows:

Reports of interesting cases occurring in private practice, wherein some unusual phenomena have presented themselves, or where some drug hitherto unused in this particular diseased condition has given good results, or some highly vaunted remedy has failed, are found in its original departments—thus making itself a depot in which is accumulated the practical experience of many men with many drugs, furnishing a perfect mine of knowledge for constant reference.

Then come society and hospital reports, giving the views and experience of the very leaders of the profession in the great medical centres.

The new books receive a notice, that the busy physicians may learn what to buy and read.

Then comes really the most valuable portion of the practical medical journal. From all sources, from thousands of journals and volumes, the editor and his numerous assistants cull carefully all that may be new and practical, and present them to their readers.

In a scientific medical journal he may read an article four pages long, in which he recognizes something valuable to the busy doctor; he distils it, as it were, and in fifteen or twenty lines (or in some instances perhaps a column) he furnishes all that really has a practical bearing on the practice of medicine. The reader has but little conception of the immensity of the labor involved in this distillation and condensation.

In a word, the practical journal is, to the practical physician, what the Bible is to the practical Christian; only it is more essential, since a man may be a Christian who does not own a Bible, but it is an absolute impossibility for a man to be a busy and successful practitioner, unless he constantly and regularly reads a *practical* medical journal, which will mirror to him the medical progress of the world.

## NOTES AND COMMENTS.

**Obstruction of the Bowels.**

Though we seldom have unusual cases of obstruction of the bowels reported by American physicians (why, we cannot comprehend, unless it is that they fail to report their unusual cases), yet such cases are frequently found in foreign journals. One of the most instructive that we have lately encountered is reported in the *London Practitioner*, by Dr. J. Dickson Hunter, of Peru. A healthy man, aged 50, complained of severe pain in the abdomen; his bowels had not been moved the day previous. Pulse and respiration frequent, tongue red and dry, abdomen enormously distended, and temperature above normal. There was considerable suppression of urine, and vomiting of a slightly discolored water; occasional hiccup. A rectal tube and a No. 10 catheter could only be passed some two or three inches. An aspirator trocar was plunged into a particularly prominent part some three inches below the ribs on the left nipple line. Immediately, flatus could be heard and smelt escaping. Lighted matches were, at intervals, held before the trocar, and were quickly extinguished. When, at last, one burnt steadily, the instrument was withdrawn and oiled lint applied. The distention was somewhat lessened, but the next day was as bad as ever. He was chloroformed, and the hand introduced into the rectum. When it had passed for eight inches, it was found to be comparatively free, in a vaulted cavity without any apparent exit. Upon careful examination, a slight projection was felt, something like a soft, but not prominent os uteri, with a central depression. By inserting one finger at a time, the hand was gradually passed through this depression, into a large, roomy cavity, in contact with a soft pulsatous substance. From the tip of the middle finger to the point where the arm was grasped by the anus, measured sixteen inches. A long tube was now passed along the arm and hand, which gave exit to a dark green semi-fluid, and flatus. The hand was withdrawn, and as the fluid was escaping slowly, warm water was injected, which caused a copious discharge. He made a rapid recovery.

**How to Make a Poultice.**

The editor of the *London Practitioner* offers numerous apologies for calling the attention of his readers to a matter seemingly so trivial; but his wise remarks show that his article needs no excuse, since we can easily recognize that it is just upon these important little details that the average practitioner is but imperfectly informed.

He notes the fact that heat and cold will each often have the same effect on an inflamed part; the cold by causing the afferent arteries to contract and diminishing the amount of blood sent to the inflamed part; the heat by dilating the capillaries and affording a ready side outlet into the veins; in both cases, relieving the impact in the inflamed part. But the common practice of placing the linseed, or whatever may be used, directly on the surface, will not exert as much influence as though we allow the heat to penetrate directly to the diseased organ or part. He therefore recommends making a flannel bag, say 12x8, closed at three edges and open at the fourth. The linseed, bowl and spoon used in making the poultice should be well warmed in hot water, the poultice should be made with boiling water, and rather soft. The bag should be warmed by holding before the fire, before the poultice is poured into it, and being quickly wrapped in a strip of flannel (previously warmed), should be applied to the part. Thus the poultice may be applied to the skin, boiling hot, without burning. The two layers of flannel, which are at first dry, allow the heat to pass very gradually to the skin; as the moisture of the poultice soaks through them, they become better conductors, and the heat passes more quickly; but the increase is so gradual as not to cause any painful sensations whatever, but only one of soothing and comfort. The poultice also naturally keeps much longer hot, and the necessity for changing it arises much less frequently.

He has seen patients suffering from intense abdominal pain, at once relieved by a poultice made in this way; and so have we. These little points are too often neglected, and we can promise gratifying results to those who will commit these directions to memory and put them into practice.

**The Radical Cure of Hernia.**

Once more we are presented a new operation for the radical cure of hernia; W. Mitchell Banks, in the *British Medical Journal*, describes an operation by which he "ligates the neck of the sac, with excision of the sac and stitching together the margins of the abdominal opening" (the pillars of the ring).

He presents a table of 21 cases in which the operation was done for relief. In 15 of these cases the patients are now at work, (cured?) This upon a superficial glance appears to be a brilliant result, but 21 cases are a very small number on which to base the claims of a "radical cure" of any disease; and furthermore, few of the so-called successful cases have been kept under observation

sufficiently long to ascertain the permanency of the cure.

When an authority such as Prof. D. Hayes Agnew tells his students year after year that he views with distrust any operation for the radical cure of hernia, and advises no further interference than the application of a *properly*-adjusted truss, the profession in America will at least be on their guard for "radical cures."

#### Anæsthesia by Rapid Breathing.

If a person is directed to breathe hard and rapidly for some time, a condition of anæsthesia is soon produced, in which there is complete relaxation of the muscular system.

It is not an easy task to get a patient to do this effectually. One has to urge the patient. "Breathe hard, deeper, faster. Still keep on! Do not stop!! Just a little more," etc. The effect will be most marked, the contracted muscles will relax, and a general "limp" appearance will be noticed; this is the moment to seize for the reduction of dislocations, incarcerated or strangulated hernia, etc. This method, as W. A. Berridge points out in the *British Medical Journal* of November 25, 1882, is one to be borne in mind by country practitioners, and in fact at all times when anæsthetics are not procurable.

#### Therapeutic Effects of Hyoscyamine.

Dr. Thomas Brown presents us a very readable little article in the *British Medical Journal* of November 25, 1882, upon the effects of the hypodermic injection of hyoscyamine in the violently insane and in cases of general paralysis of the insane with unceasing motor activity.

The practical lessons deduced from the paper are:

1. The observations show the uncertainty of the action of hyoscyamine when given by the mouth, and the danger of larger doses.

2. They also show the marked superiority of the hypodermic method, and the confidence with which, in some cases, its efforts could be calculated on, and the dose increased or diminished in accordance with the violence of the patient.

3. In hyoscyamine we have a drug which is often capable of controlling the violence of a furious maniac, and it may be, checking the torrent of rushing ideas on which he is borne along, soothing without putting him to sleep, and, in these respects, differing from morphia or chloral. In noisy and destructive general paralytics, the quiet air of comfort and repose following a moderate dose was such a contrast with the previous condition, as to strongly impress every one with

the feeling that, by the introduction of hyoscyamine, another valuable aid has been secured in the care and treatment of such cases.

4. No curative action can be claimed for the drug; it does nothing more than moderate or check for a time the violence of action, and, perhaps, render less vivid and overwhelming the terrifying whirlwind of delusion of the frantic patient.

The following is the doctor's formula:

R. Hyoscyamine,	gr. iv.
Glycerinae,	
Aquæ distil, āā,	f. ʒ ss.
Acid carbolici,	℥ij.
Dissolve without heat.	

Dose—4 to 8 ℥ hypodermically.

#### Puerperal Peritonitis with Metastatic Abscesses.

A young woman 17 years of age entered the service of M. Empis at the Hotel Dieu with all the signs of puerperal peritonitis. She was confined 15 days previously, and had presented no sign of fever or other trouble until a day or two previous to entering the hospital, when she commenced to suffer from abdominal pain and fever. When seen in the service she was in a state of extreme prostration; the abdomen tympanitic and painful on pressure. The lochial discharge was fetid, the temperature at 104.°

Five days later the patient died rather suddenly in syncope. At the autopsy a small quantity of pus was found in the peritoneal cavity. The uterus was very large, and its cavity transformed into a vast purulent surface. Small metastatic abscesses were found in the lungs, spleen, and several in the columnæ carneæ of the heart.

#### Tuberculous Synovitis of Tendons.

At a recent meeting of the Société de Chirurgie, M. Ferrier read an important communication on tuberculous tendinous synovitis. After M. Debove recognized the presence of tubercle in a case of synovitis at the carpus, M. Lancéreaux described the affection, and more recently M. Trelat and Debove have met with cases.

M. Ferrier has observed three new cases, where microscopic examination by himself and M. Malassez demonstrated the presence of tuberculous granulations.

Clinically, most cases resemble the type described by M. Lancéreaux, but some cases resemble acute tuberculosis of the joints, and the symptoms are similar to those observed in acute synovitis with effusion.

The diagnosis is difficult. The affection may be essentially local, or may be merely a local manifestation of a general infection of the system.



### Mercurial Glycerite.

The absorption by the skin of any medicament incorporated with a fatty substance is very feeble, except for mercurial ointment. According to M. Vigier (Gaz. Hebd. de Méd.), any substance incorporated with glycerine (iodide of potash, chlorhydrate of morphine, etc.) is not absorbed. He considers that this property of glycerine is due to its not wetting the skin. Experiments on himself and his élèves have proven that the active substance thus incorporated never produces its constitutional effects. It is for this reason that he recommends glycerine instead of lard in mercurial preparations for scabies, *pediculi corporis*, etc., as they have an antiparasitic effect without being absorbed. The following glycerite, notwithstanding the caustic nature of its principal ingredient, may be used without danger :

**R.** Hydrarg. bichlorid.,  
Glycerine,

3 iss.  
3 iij. M.

**Aspidospermine (Quebracho).**

The powder of the bark of a tree (*Aspidosperma quebracho*) found in the Argentine Republic, was first used in Europe by Penzoldt, of Erlangen as a remedy in dyspnoea.

According to M. Burgos, the powder of white quebracho has all the physical and organic properties of powdered quinquina, and is also antiseptic. The decoction is employed as a tonic and febrifuge.

It produces a diminution in the frequency of the pulse and respiration (Berthold, Picot, Berger, Laquer).

If used continuously for a period, it induces cephalalgia, vertigo, dullness of the intellectual functions, and abundant salivation (Laquer, Berger).

This bark contains tannin in abundance, and two alkaloids, aspidospermine and quebrachine; this last is said to have an action similar to that of curare. The sulphate and chlorhydrate of aspidospermine are very soluble, and the solutions are very bitter. The chlorhydrate has been employed by Penzoldt. The following solution for hypodermic injection is indicated in the Medical Kalender und Recept-taeschchenbuch für die Ärzte des deutschen Reiches, 1883.

R.	Aspidospermine	gr. xv.
	Aquæ destill,	3 xijj.
	Ac. sulphuric,	q.s.

Twenty minims is a dose, containing nearly one-half grain of the alkaloid.

Aspidospermine and its salts have appeared efficacious in dyspnoea, no matter whence its urce (Penzoldt, Picot, Skoda, Krauth).

### Surgical Treatment of Caseous Swollen Lymphatic Glands.

Dr. L. V. Lesser, who has for himself achieved a reputation by several simple operative procedures, which have met with universal approbation, and have taken the place of older, more complicated ones, now proposes the following surgical treatment of swollen caseous lymphatic glands, the removal of which, as our readers will know from several articles we published on this subject, is always indicated, as such glands, when breaking down and sending their contents into the circulation, are apt to give rise to tuberculosis (Cbl. f. Chir., 1882, No. 22). Lesser makes a small incision into the skin, and from there he removes subcutaneously with a steel spoon not only the caseous glands which lie immediately under the cut, but also those caseous glands which he finds in the neighborhood. Perfectly aseptic precautions (spray and everything) are conditions *sine qua non* in this operation, after which, if these cautions have been observed, never any fistula followed, but somewhat round, superficial, and very small cicatrices are all that is left of the former glands and as the result of the operation. Skillful manipulation with the spoon will totally exclude any possibility of injuring an important blood vessel. The success of this operation, compared with that of former methods, was, as far as concerns the absence of pus and of unsightly scars and rapidity of healing, so great that we did not wish to withhold a description from our readers.

### The Treatment of Diphtheritic Sore Throat.

Every now and then we meet an epidemic of a form of sore throat which, in many particulars, resembles diphtheria. The onset is sudden. The disease is ushered in by chilliness or actual shivering, followed by fever, loss of appetite, headache and pain in the throat, aggravated by swallowing. On examination, the tonsils, the arch of the fauces, and in many cases the uvula, are red and swollen. Occasionally small ulcers are seen. The cervical and submaxillary glands are frequently swollen, and in some cases albumen is found in the urine. The temperature may reach 105, while the pulse is much accelerated. It is distinctly infectious, for wives become affected subsequent to their husbands, and in some families all the members are attacked. Such an epidemic has recently appeared in Edinburgh, and Dr. Allan Jamieson, who makes a report of it in the *Edinburgh Medical Journal* for December, has found the most marked benefit to result from the internal administration of salicylate of soda and the local application of a solution of boro-glyceride in glycerine, frequently during the day.

**Non-Antiseptic Dressings.**

At a recent meeting of the Soc. de Chirurgie, M. Desprès presented a patient who had undergone amputation at the thigh for white swelling.

No antiseptic precautions whatever were taken. The two flaps were brought together and held in position by long bands of ordinary adhesive plaster; no sutures were used. The entire stump was then covered with lint, spread with ordinary diachylon ointment. The result was excellent, and cicatrization was complete in twenty-eight days, so that M. Desprès was enabled to present the patient to the Society.

From across the channel comes the communication of Dr. Lawson Tait, read before the Medical Society of Worcester (*Progrès Medical*, November 18, and *British Medical Journal*, October 23, 1882).

In one hundred cases of ovariectomy, Dr. Tait lost but three patients, and one of these through accidental suffocation. Among these patients six were encephalic at the time of the operation, and but one aborted, the others arriving safely at full term. Four of the patients had acute peritonitis, but all recovered.

Dr. Tait attributes these remarkably favorable results to improved methods of operating, and to the entire absence of phenic acid or any other antiseptic method of treatment either during or after the operation.

**General Paralysis.**

Dr. Philip Tenner, in the *Cin. Lancet and Clinic*, defines the disease as an affection of the anterior portion of the cerebrum, of that part which the study of comparative anatomy and anthropology indicates to be the seat of intelligence, and which modern experimental investigations indicate to contain the motor centres. The pathological anatomy consists of changes in the membranes of the brain, usually most marked in the anterior portions, as well as changes in the cortex and sub-cortical regions, affecting chiefly the anterior cerebral convolutions. Its earlier symptoms consist chiefly of morbid manifestations of intelligence, such as want of judgment, loss of memory, boastfulness, etc., and of failure of the motor functions occurring simultaneously and progressing correlatively with the mental disturbances.

**The Cause of Sick Headache.**

Apocryphal of the two articles that have appeared on this subject in our columns, the following communication from Dr. A. Cordes, of Geneva, to the *British Medical Journal*, possesses a special interest. "Being very short-sighted at the age of 15, I went to Dr. X., who prescribed to me No. 8 focus, for reading, writing, etc.; No. 5 to be used only for

seeing at long distance; and to remain without any appliance for the other acts of life. As soon as I was under this treatment, I suffered most painful continuous headache, located in and around the eyes, which made me sick sometimes. Consequently, I made up my mind to wear constantly any spectacles which would suit my sight. I began with No. 8, going on progressively till at the end of the scholastic year I went to  $3\frac{1}{2}$ , which I wear since that time constantly, even when bathing or swimming in the sea. As soon as I did so, my headache disappeared, and has not returned, unless brought on by some other cause.

I may add that a Genevese and a London oculist have both ascertained the existence of astigmatism in my right eye, for which I wear a cylinder concave glass, wearing No.  $3\frac{1}{2}$  on the left.

**Adulterations of Oil of Gaultheria.**

The *Cin. Lancet* says: The oil of gaultheria now recommended for acute rheumatism is sometimes adulterated with oil of turpentine, birch, and also with alcohol.

**Excretion of Alkaline Salts and Urea in Convalescence.**

A very careful investigation has been made by Dr. E. Salkowski (*Virchow's Arch.* lxxxviii. p. 391), who for a period of five weeks noted the period of convalescence in a patient recovering from typhoid fever. Dr. E. S. has published in tabular form the results observed. He found that the system does not commence to absorb a larger percentage of the albuminous part of food till about two weeks after the last increase of temperature; i. e., not till that period he noted in the excrements examined the lacking of the albuminous parts of the food administered. Synchronously during convalescence a large percentage of potash-salts are taken from the food by the organism. It is a new fact, established by these researches, that the absorption of the larger part of potash-salts from the food takes place in a far earlier period of convalescence than that of nitrogenous substances; either therefore the tissue must lose decidedly during the febrile period potash-salts, which is hardly probable, or during convalescence the organism collects and keeps in reserve these salts before the new formation of tissues begins in a greater degree. We find herewith explained the fact, that so many convalescents from febrile diseases, we might say all, have a peculiar appetite for salty food. In Germany this is recognized so well that it is a rule to give such persons salt-sardelles for their breakfast. The patients relish them greatly.

**Bleeding to Death of Fetus During Parturition.**

Dr. Valenta reports (*Betz's Memorabilien*) a case where bleeding to death of the fetus took place during parturition, through a rent in the umbilical vessels, which crossed transversely over the os. A woman was delivered of her second child at full term. The mother stated that before the labor pains began the waters broke, and from that time up to the completion of labor, which was of ten hours' duration, she had a continuous discharge of blood. At no time was the stream observed by the attendants to be of a pumping character. On examining the after-birth, it was found to be about six inches in diameter, situated high up in utero. The umbilical vessels were given off from its lower margin; and before uniting to form the cord, they ramified in the surface of the chorion for about four and one-half inches. The cord measured sixteen and one-half inches. There were four veins passing from the placenta, which soon united to form two venous trunks, one of which, the smaller, arched outward before uniting with its fellow to form one umbilical vein. At the point of junction, and at a small distance from it, were two rents. The two arteries united to form one trunk on piercing the chorion, which immediately gave off a small branch that coursed along with the above-mentioned smaller veins. This was also torn across. This case shows clearly the necessity of examining the placenta in any case where death of the fetus has occurred.

**Ozonized Air as a Hypnotic.**

Professor Binz, of Bonn, gives a second contribution on Ozonized Air as a Hypnotic, in the *Berliner Klin. Woch.*, No. 43. The observations, which certainly do not seem encouraging, were made on doctors and medical students. The results were various. Several times the breathing of the ozonized air seemed to induce sound sleep; in other cases the effect in the same direction was less marked; in others, again, symptoms of depression were experienced; in one there was twitching of the muscles about the eyes and forehead; lastly, in some there was no effect on the cerebral functions. In most cases a feeling as of being able to respire more easily was felt. Binz therefore recommends this treatment in some forms of asthma.

**Tetanus—Recovery.**

Mr. Berger was called upon to treat a man who had received a gun-shot wound of the hand, and in whom tetanus fully declared itself on the eighth day. The contractions were very violent and pro-

longed. Disarticulation of the elbow was immediately performed, and the patient was put under the chloral treatment, of which, through the mouth and in enemas, he took three drachms daily. Immediately the operation was performed the spasms diminished in intensity, and in a week all symptoms of tetanus disappeared. M. Berger believed that chloral alone is not sufficient to arrest traumatic tetanus, but combined with the amputation of the member it succeeds very well.

**Camphor Enema.**

In the *Gaz. Hebdom.*, Mr. Vigier states that camphor may be perfectly suspended, and become easily divisible, by the following formula: Camphor 15 grains, gum arabic 30 grains, one yolk of an egg, and 2 ounces of decoction of linseed.

**CORRESPONDENCE.****A Case of Epilepsy Cured by Removing a Diseased Knee Joint.**

ED. MED. AND SURG. REPORTER:—

In June last I was called to attend Clifford A., a young man of nineteen and of strumous habit. I found him somewhat reduced in flesh and his principal trouble he thought was in his right knee, which was paining him severely.

I found upon examination that he was suffering with arthritis of right knee joint. The soft tissues were hypertrophied and degenerative changes had already taken place, although the stage of ulceration had not yet been reached. Upon inquiry of my patient and his mother, who is an intelligent woman, I found about the following history: About five years before while at school he received an injury of the right knee, and as near as I could learn synovitis resulted, and following this the tissues of the joint became the seat of a chronic inflammation. It was not until a year after the injury, however, that any noticeable change in the bones of the joint had occurred. But when first examined by me the bones of the joint were greatly hypertrophied, and as I afterward found this enlargement was due to a fungoid or spongy growth of the epiphyses and articular surfaces of the upper end of the tibia and lower extremity of the femur. There was complete ankylosis also. His history also showed him to be an epileptic, his first seizure dating about four years ago, or one year after the injury to the knee. The "Aura Epileptica" was very feeble in this case and could not always be felt, but when it was perceived it seemed to start from the diseased joint. Then also this joint seemed to be the first attacked when a seizure came on him, and was affected with the most violent contractions. I finally came to the conclusion that possibly that diseased joint was producing peripheral irritation of nerves there, and that this was the cause of the epilepsy. I was satisfied the only thing that could save the young man's life was an amputation, but the general condition of the patient's health made an operation of that magnitude out of all question at that time.

I consequently put him on a course of general treatment, using the co. syrup hypophosphites freely. I did not know that the operation proposed would relieve the tendency to epilepsy, but although I hoped it would, I gave no promise of such a result. His general condition gradually improved, but the affected knee as gradually grew worse; and a month after my first visit I detected fluctuation and other evidences of pus on the posterior and inner surface and a little above the joint. I opened freely, and got an abundant discharge of unhealthy-looking pus. The discharge gradually lessened but never entirely ceased until the latter part of August, when the disintegration of the soft tissues on the inner side of the joint had gone on so far as to almost leave the bones of the joint without a covering there. His general health did not seem at all affected by this condition. Indeed, he seemed so well that I thought it inadvisable to put the operation off longer. Nothing could be done however until his mother's return from Kansas, where she had gone on a visit. Unfortunately for us she was taken sick there, and did not return until the first of November.

At that time I found my patient in about the following condition: Pulse, 100; temperature,  $99\frac{1}{2}^{\circ}$ ; general condition not so good as six weeks ago. The soft tissues on the inside of the joint almost all sloughed off. On the posterior surface of lower third of the thigh are four or five sinuses, through which, by means of a probe, the peculiar grating, sandstone feel of necrosed bone can be detected. The discharge from these sinuses is thin and ichorous, characteristic of necrosis. His epilepsy has gradually grown worse, until now he has from one to three seizures every week. It was now certainly a most unpromising case, but he and his friends were anxious for an operation. I knew nothing else could avail anything, and could give only an unfavorable prognosis for that procedure now. I, however, concluded to do the operation, and on November 3, assisted by Drs. Culverson and Knapp, of this city, and Drs. Kersey and Couch, of Stuart, I did so. I did the lateral flap operation, and found it necessary then to amputate at junction of middle and upper third of the femur in order to get healthy tissue for flaps. The patient rallied from the shock of the operation slowly, but very satisfactorily. I put him on anti-pyæmic and supporting treatment, consisting of quinine in tonic doses, stimulants, milk, eggs, beef, etc. There was no tendency to pyæmia, although during the first week suppuration was excessive. His temperature ranged from  $97\frac{1}{2}^{\circ}$  to  $100^{\circ}$ , and pulse from 84 to 112. After the first week the wound healed rapidly. Nothing unusual occurred in the subsequent history of the case. And in spite of a strumous diathesis and debilitated condition, he made an easy and rapid recovery, somewhat to my own surprise and contrary to the freely-expressed opinions of many who saw or heard of the case previous to or after the operation.

One of the most remarkable features of the case, however, is the fact that he has had no epileptic seizure since the day of the operation, now nearly six weeks ago—a longer interval than has passed between any two seizures during the past two years and a half. I am not sanguine of the complete cure of this latter trouble. The operation was not performed with that object in view, but it

has just come up as an incident of the operation, and seems to be one of its gratifying results. I know of no parallel case, but cannot see why if we have cutaneous or other irritation of the peripheral termination of nerves as a cause of epilepsy, that when that cause is removed, the epilepsy would not also be removed, unless the "status epilepticus" is firmly established. And as the epilepsy in this case has continued for so long a period—four years—I am far from confident of permanent relief for my patient from this distressing disease. However, the other results of the operation, which are permanent, quite repay him for the pain and other inconveniences he has endured as necessary attendants upon an operation of such magnitude. W. C. CARRELL.

Greenfield, Ia., December 8, 1882.

(So short a time having elapsed since the operation, leaves considerable doubt, as our correspondent justly observes, as to the curative influence of the operation. But since there seems to be much reason for the relation of cause and effect that he suggests, we would be glad to hear more of this case later.—Ed.)

## NEWS AND MISCELLANY.

### Petrified Corpses.

From the *Medical Gazette* we learn that every corpse that is taken to the Paris morgue is now quickly converted into a block almost as hard as stone. This result is obtained by Carre's chemical refrigerator, which is capable of reducing the temperature of the conservatory, where each body is laid out on something closely resembling a camp bedstead in stone, to  $15^{\circ}$  below zero centigrade. At the back of this room is a row of stove-like compartments in which the corpses are boxed up and frozen hard before being exposed to public view. As an illustration of the intense cold thus artificially secured, a Paris Journalist, in describing a recent visit to the morgue, says that in opening one of the compartments the attendant took the precaution to wear a glove, lest "his hand should be burnt by contact with the cold iron." The corpse which was taken out of its receptacle had been there for nine hours. The doctor who accompanied the visitor struck the dead man on the breast with a stick, and the sound was just as if he had struck a stone.

### Handsome Donation.

The extensive medical works and library of the late Dr. Isaac B. Mulford are now in possession of the Camden Medical Society, he having bequeathed them to that society. It embraces many valuable works.

### The Causes and Prevention of Blindness.

The Fifth International Congress of Hygiene, which will meet at the Hague, Holland, in 1884, will award the prize of £80 offered by the London Society for the Prevention of Blindness to the author of the best essay written in English, French, German, or Italian, on "The Causes of Blindness and the practical means of preventing it." Besides this prize, the International Society for the



Improvement of the Condition of the Blind reserves to itself the right to award a second prize of £40, or two prizes of £20 each, and a silver gilt medal with a diploma, should it see fit, to such of the essays as should, in the opinion of the international jury for the principal prize, be deserving of it; the last-mentioned prizes will be distributed at the centenary festival of the first blind institution founded by Haüy, which will take place in Paris in 1884.

#### Physical Exercises.

Dr. Charles Cathcart, Lecturer on Anatomy in the Edinburgh School of Medicine, in a lecture delivered at the Edinburgh Health Society a short time since, gave, as to the effects of exercise in expanding the chest, some striking facts which related to a school where physical exercises had been systematically carried out. The effect of regular exercise was shown as follows: New boys, aged fourteen, average chest measurement, 29.3; at fifteen, 30.16; at sixteen, 32.0; at seventeen, 32.6; and at eighteen, 32.5; while former boys measured respectively 30.6, 32.1, 34.2, 35.8, and 36.8.

#### The Latest Sanitary Association.

"The Westminster Sanitary Association" of London, has for its object the prevention of the spread of infectious diseases in the midst of a dense population. At a meeting recently held under the presidency of Cardinal Manning, it was reported, after four months' experience, that signal success had attended the labors of the members. It was stated that in thirty-two families in which scarlet fever had broken out, the malady had been confined to one case in each. The latest and most approved methods of dealing with infectious cases are adopted, under the supervision of the visitors of the Association.

#### American Wet-Nurses Protected.

The treasury department has decided that a Chinese wet-nurse must be considered as a laborer, and as such is excluded from admission to the United States, under the provision of the act restricting Chinese immigration. This is a perfectly consistent decision. If there are good reasons to restrict the immigration of male Chinese labor, so are there to place the same embargo on the female. Wet-nursing is practically a labor, since the woman is pecuniarily rewarded for her work.

#### Items.

—Dr. A. D. Price, of Harrodsburg, Ky., President of the Kentucky State Medical Society, is a member of the Post-graduate class of the University of Pennsylvania.

—Dr. Corvisant, who was a devoted friend of Napoleon's and physician to the young Prince Imperial, has just died in Paris. He never recovered, it is said, from the shock caused by young Napoleon's death.

—Professor Virchow has in his laboratory at Berlin a collection of 6000 skulls, representing all races and times.

—The Mercer County, Pa., Medical Society are bringing action against all practitioners who have not complied with the law of registration.

—The local papers deny the statement that diphtheria is prevalent at Pittston, Pa.

#### OBITUARY NOTICE.

Dr. John G. Stetler, a well known physician of this city, died at his residence, 1218 Fairmount avenue, on Saturday, Dec. 30th, aged 60 years. He was born in Montgomery county, and graduated from the Pennsylvania College of Medicine in 1839, and a few years later established himself in the upper section of this city, where he remained up to his death. Owing to ill-health he ceased practicing a few years ago. His death was caused by an affection of the heart. He was a member of the County Medical Society and one of its Board of Censors. He leaves two sons, one of whom is studying medicine.

#### QUERIES AND REPLIES.

##### Treatment of Diphtheria.

MESSRS. EDITORS: I should like to ask the readers of the REPORTER who have had cases of Laryngeal and Tracheal Diphtheria, what treatment has been the most successful?

W. J. H., M. D., Ohio.

*Ohioensis.* The action of colleges in admitting and graduating students who do not attend their lectures is reproached by all honorable professional men.

*Vaccinator, Mo.* It is asserted that pyæmia can be produced by impure bovine virus. It looks possible; but we do not recall any published cases.

*Subscriber.* The *Quarterly Compendium* is now ready. The price per year is \$2.50; single numbers, 75 cents.

#### MARRIAGES.

DRYSDALE-COWTON.—On Wednesday evening, Dec. 20, at the Church of the Atonement, by the Rev. Charles E. Murray, Dr. W. Atlee Drysdale and Miss Virginia H. Cowton.

WEBB-BUCK.—December 14, 1882, at Cohocksink Presbyterian church, by the Rev. William Greenough, Lanphar W. Webb, M. D., and Miss Jennie V., daughter of James Buck, esq., all of Philadelphia.

HARWOOD-MARTIN.—At the residence of the bride's father, Daniel Averill, esq., on Wednesday, December 13, 1882, by Rev. Andrew F. Bigelow, W. H. Harwood, M. D., and Mrs. M. A. Martin, all of South Malone, Franklin co., N. Y.

SHAFFER-DAVIS.—At Cream Ridge, N. J., Thursday, December 7th, 1882, by the Rev. E. E. Moran, George W. Shaffer, M. D., of Philadelphia, and Lizzie H. Davis, of Cream Ridge.

TURNER-BURT.—In Bridgeport, Conn., Dec. 25, 1882, by the Rev. R. G. S. McNeill, D. D., Albert L. Turner, M. D., and Miss L. May Burt, both of Bridgeport.

#### DEATHS.

MEIGS.—In this city, on December 16, of pneumonia, Dr. John Forsyth Meigs, in the sixty-fifth year of his age.

KIRKSEY.—December 21st, 1882, at Dawson, Texas, of pneumonia, Mrs. A. W. Kirksey, wife of Dr. W. H. Kirksey, in the 37th year of her age.

FOX.—On the evening of the 25th instant, Geo. Fox, M. D., of Philadelphia, in the 77th year of his age. He was a well-known physician, and at one time enjoyed a large practice, but for a number of years had not been engaged in the active duties of his profession.